TEMPERATURE SIGN-IN SHEET: GAME

COLLEGE: ______________________________ ***SPORT:*** ______________________________________ ***DATE:*** ______________________________________

SYMPTOMS: (SCORE ≥ 2 INDIVIDUAL IS REMOVED IMMEDIATELY)		EXPOSURE	TEMPERATURE ≥ 100.4 F	REPEATED SHAKING OR CHILLS	COUGH (New/Different)	SHORNESS OF BREATH	LOSS OF TASTE/SMELL	LOOSE STOOL/UPSET STOMACH	MUSCLE PAIN	SORE THROAT	HEADACHE	CONGESTION	TOTAL	NOTES
NAME	TIME	[2]	[2]	[2]	[2]	[2]	[2]	[1]	[1]	[1]	[1]	[1]	[=]	
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