



Parish/School Name: _____

COVID-19 Student Athlete Attendance/Monitoring Form

Players Name	Time	This student athlete submitted a COVID-19 Screening Tool TODAY and was approved to participate in CAL.	
		<u>YES</u>	<u>NO</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Signed _____

Date _____