Parks&Recreation
CITY OF TAMPA

COVID-19 Monitoring Form

MONITORING FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN CONTACT NAME:_____

PHONE NUMBER: _____

Has the child had a fever in the last 48 hours? _____

Does the child have a cough with fever? _____

Has anyone in the household had a fever and cough? _____

DAY/DATE	TEMP	COUGH	OTHER SYMPTOMS	NOTES
DAY 1 DATE: _____				
DAY 2 DATE: _____				
DAY 3 DATE: _____				
DAY 4 DATE: _____				
DAY 5 DATE: _____				