CONTACT TRACING REGISTER

Date:

We require ALL people on these premises to exercise the strictest precautions possible to help avoid the transmission of COVID-19.

By signing this form, you acknowledge that:

- You do not have any symptoms associated with COVID-19
  (e.g. fever, cough, sore throat, shortness of breath, sneezing/runny nose or loss of sense of smell)
- You do not have COVID-19 nor are you awaiting the results from being tested for COVID-19
- You have not been in Contact with any known or suspected cases of COVID-19 in the past 14 days.

NAME (PLEASE PRINT)	PHONE NO / EMAIL	TIME IN	TIME OUT	SIGNATURE