CONTACT TRACING REGISTER



Business name:

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







Correct hygiene practices

Please sign the register form (underneath this coversheet).

You should not enter these premises unless:

- 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
- You have not returned, or been in contact with anyone else who has returned, from overseas in the past 14 days.





Business name: Date: / /20 Sheet No: DIN	ING PATRONS VISITORS LOG
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You should not enter these premises unless:

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Full Name	Telephone Contact	Email Contact	Date	Time IN	Time OUT