CONTACT TRACING REGISTER

Business name:

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







Physical distancing

Correct hygiene practices

Contactless payment and delivery

Unite against

Please sign the register form (underneath this coversheet) which acknowledges:

- 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.





New Zealand Government

Full name	Phone	Email	Da	ate	Time IN	Time OUT
			/	/20		
			/	/20		
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			/	/20		
			/	/20		
			/	/20		

Signing this form acknowledges that:

Business name:

- (e.g. fever, cough, sore throat, shortness of breath, sneezing/runny nose or loss of sense of smell)
- You do not have any symptoms associated with COVID-19 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

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

Signature

/ /20 Sheet no: Date:



