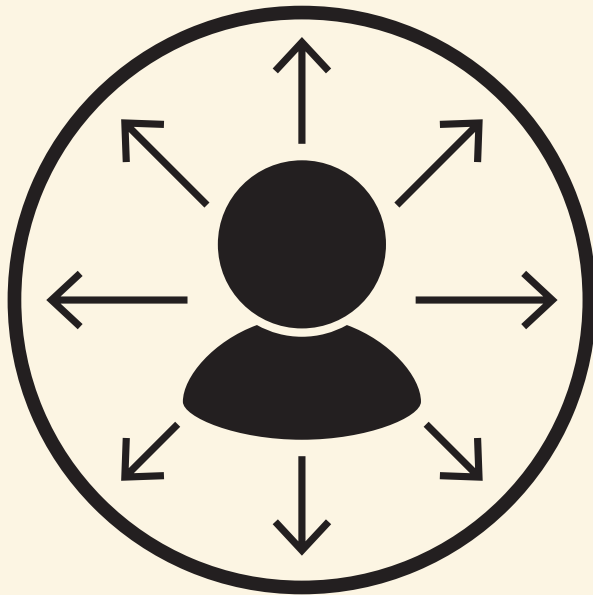


# BUSINESS NON-RETAIL CONTACT TRACING REGISTER

Business name: \_\_\_\_\_

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



**Physical distancing**



**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:

# CONTACT TRACING REGISTER



**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

Full Name	Phone and/or Email	Address	Date	Time IN	Time OUT	Signature
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