## **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.

Unite against



## You should not enter these premises unless: • You do not have any symptoms associated with COVID-19 • You do not have COVID-19 nor are you awaiting

**Full Name** 

- (e.g. fever, cough, sore throat, shortness of breath, sneezing/runny nose or loss of sense of smell)
- the results from being tested for COVID-19

Phone

Date:

/20

Sheet no:

Email

/

· You have not been in contact with any known or suspected cases of COVID-19 in the past 14 days

Date

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

Signature

	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	
	/ /20	





Time **OUT** 

Time **IN**