

RETAILERS CONTACT TRACING REGISTER

Business name: _____

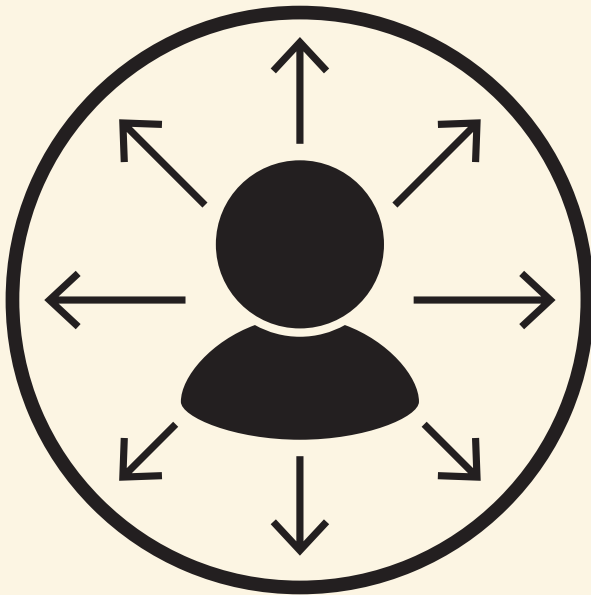
We require people on these premises to exercise precautions where possible to help avoid the transmission of COVID-19.



**Physical
distancing**



**Correct hygiene
practices**



Please sign the register form (underneath this coversheet) if you are an employee, or a visitor to these premises. 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	Email	Date	Time IN	Time OUT	Signature
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			
			/ /20			