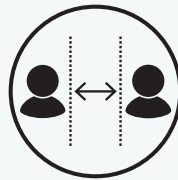


CONTACT TRACING REGISTER

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

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.

Sheet no:

CONTACT TRACING REGISTER



Signing this form acknowledges that:

- 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
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[illegible]