Contact Tracing

**[YOUR BUSINESS] Registration Form**

*Please note: This form has been provided as a guide only. Please do not use this in place of legal advice.*

Please use this guide as a starting point for your own requirements. The document is completely editable, shareable and useable.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **First & Last Name** | **Staff/Visitor/Customer** | **Contact Phone Number** | **Email Address** | **Date** | **Location (Building, Floor Level, Area)** | **Time of sign in** | **Time of sign out** |
| *Waverley Earp* | *Visitor* | *021 123 4567* | *w.earp@business.co.nz* | *06/05/2020* | *Head office, Ground Floor, Reception* | *8.45am* | *9.35am* |
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