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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |