COVID 19 TRACK AND TRACE FORM Must be completed for everyone on site.

Name:		
Contact		
telephone		
number:		
Vehicle		
registration:		
	Please indicate Y or N to questions, no entry	Y or N
	if refusal to co operate	
	Temperature above 37Celsius?	
	A new continuous cough?	
	A loss or change in sense of smell or taste?	
	Have you tested positive with COVID 19 in	
	the last 14 days?	
	Have you been in close contact with	
	anyone diagnosed with COVID 19 in the	
	last 14 days?	
	Have you been advised to self-isolate?	
Venue and date of event		

FORM TO BE KEPT FOR 21 DAYS AFTER THE EVENT, THEN CAN BE DESTROYED

EVRYONE ENTERING THE SITE MUST COMPLETE THIS FORM

NO ENTRY TO VENUE FOR ANYONE NOT COMPLETING THIS FORM

HEAD OF HOUSEHOLD CAN COMPLETE FOR FAMILY GROUP