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CONTACT TRACING REGISTER

LOCATION OF EVENT:

DATE:

SHEET NO.

Signing this form acknowledges that: (1) 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), (2) you do not have COVID-19 nor are you awaiting the results from being tested for COVID-19, (3) you have not been in contact with any known or suspected cases of COVID-19 in the past 14 days, and (4) you have not returned, or been in contact with anyone else who has returned, from overseas in the past 14 days.

Full Name	Time in	Time out	Phone	Email address	Signature

This form is for hosts to complete whenever there is a group gathering e.g. worship, home groups, etc. Maintain the group size according to current limits. Send these forms or a picture of these forms to pictonbaptist@gmail.com after each meeting so we can store the information on our database to aid with any contact tracing that might be needed.