

Sign in/out Register

As part of the effort to be able to trace all contacts entering this business, please complete the sign in/out register below.

Date:

I have **NOT**, in the past 14 days (please sign)

- Arrived into NZ
- Been in contact with someone with COVID-19 symptoms
- Had any COVID-19 symptoms

Name First and last	People you travelled with	Contact numbers	I have NOT , in the past 14 days (please sign)	Time in	Time out

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