Sign-in Register

			Contact tracing Information		I declare that I HAVE NOT: (please sign)		
Date	Full name	Company or person visiting	People you travelled with Number	Contact	<ul> <li>arrived into NZ within the past 14 days</li> <li>been in contact with someone with COVID-19 symptoms</li> <li>had any COVID-19 symptoms</li> </ul>	Time in	- time out

New Zealand COVID-19 Protocols