



COVID SAFE ATTENDANCE REGISTER

Form #:	F37
Version:	07/2020
Pages:	1

Activity:	Location:	Date:
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Full name <small>(please print)</small>	Membership number	(tick to confirm the 'I' statements)			Signature
		I have not had any COVID-19 symptoms in the last 14 days.	I have not knowingly been in contact with any confirmed or suspected COVID-19 cases in the last 14 days.	I have not travelled to a COVID-19 declared hotspot or international in the last 14 days.	