

CONTACT TRACING RECORD



So that we can quickly identify possible contacts that may have been exposed to COVID-19, please complete the following information.

Venue/premises _____

Date	Time of entry	Name of person	Phone number	Email (if available)

This information has been collected for the purposes of:

- the management, detection, notification, treatment or prevention of the spread of COVID-19
- managing the threat to public health, or likely threat to public health, as a result of COVID-19
- ensuring compliance with, and enforcing, the *Public Health Act 1997*.

The information must not be used, or disclosed, other than as authorised under the *Public Health Act 1997*.