**COVID 19 TRACK AND TRACE FORM**

**Must be completed for everyone on site.**

|  |  |
| --- | --- |
| Name: |  |
| Contact telephone number: |  |
| Vehicle registration: |  |
|  | **Please indicate Y or N to questions, no entry if refusal to co operate** | **Y or N** |
|  | Temperature above 37Celsius? |  |
|  | A new continuous cough? |  |
|  | A loss or change in sense of smell or taste? |  |
|  | Have you tested positive with COVID 19 in the last 14 days?  |  |
| Have you been in close contact with anyone diagnosed with COVID 19 in the last 14 days?  |  |
| Have you been advised to self-isolate?  |  |
|
| **Venue and date of event** |  |  |

***FORM TO BE KEPT FOR 21 DAYS AFTER THE EVENT, THEN CAN BE DESTROYED***

***EVRYONE ENTERING THE SITE MUST COMPLETE THIS FORM***

***NO ENTRY TO VENUE FOR ANYONE NOT COMPLETING THIS FORM***

***HEAD OF HOUSEHOLD CAN COMPLETE FOR FAMILY GROUP***

***CLUB OFFICIALS FIRST AID AND MARSHALS TO BE INCLUDED***