VALLEY BEE COMMUNITY ***COVID 19 REGISTER***

*This form **MUST** be completed for **attendance** during Covid 19 restrictions. Form is on file for 56 days then destroyed.*

Register of Attendees Location…… Date……..

Arrival Time	Departure time	Full Name	Phone	Email	Postcode	In the previous 14 days, have you: • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Travelled internationally or a COVID-19 declared hotspot?
						NO / Yes If Yes, please return home.
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home

*This form **MUST** be completed for **attendance** during Covid 19 restrictions. Form is on file for 56 days then destroyed.*

Arrival Time	Departure time	Full Name	Phone	Email	Postcode	In the previous 14 days, have you: • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Travelled internationally or a COVID-19 declared hotspot?
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home
						NO / Yes If Yes, please return home