# Attendance Register

### [Centre Name] Register of attendees

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| Arrival  Time | Full name | Phone | Email address | Role | In the previous 14 days, have you:   * Had any COVID-19 symptoms? * Been in contact with any confirmed/suspected COVID-19 case? * Travelled internationally? |
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