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**Sign In Register**

**I, the undersigned declare that:**

* **I have not returned from international or interstate travel in the last 14 days.**
* **I have not been exposed to a person with a confirmed case of COVID-19 in the last 14 days.**
* **I am not currently required to self-isolate for any other reason.**
* **I am well, and not displaying any symptoms of illness.**
* **I will practice good hand hygiene and utilise the hand washing and sanitiser facilities made available.**
* **I will follow all reasonable steps requested by the \_\_\_\_\_\_\_\_\_\_\_\_\_Lutheran Church to ensure the health and safety of all other personnel and visitors.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NAME** | **TIME IN** | **TIME OUT** | **CONTACT PHONE NUMBER** |
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**Signed by Responsible Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and phone number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form is to be retained for a minimum of 28 days from date of use.