

**Health Screening Station Location:** \_\_\_\_\_



**Visitor Sign-in Register**

*Screeener to complete on behalf of Visitor and provide them with a Visitor Safety Information sheet.*

Date	Time in	Full name	Contact Phone Number	Name UTAS Point of Contact: (if applicable)	Locations on campus you intend to visit

*The purpose of this Visitor Sign-in Register to collection information for COVID-19 contact tracing purposes. This register will be securely disposed of after 3 weeks. If you have any questions in relation to the collection of this information or visitor safety please contact [Health.Safety@utas.ed.au](mailto:Health.Safety@utas.ed.au)  
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