

**COVID-19 COMPLIANCE REGISTER – INDIVIDUALS OVER 60**

**Showholding Body/Venue Name: Name of Show/Event:**

**Compliance Officer: Date:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name & Surname** | **ID Number** | **Contact No** | **SAEF No** | **Signature** | **Time In** | **Temperature** | **Mask** | **Time Out** |
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**Compliance Employee:**