

# COVID-19 (Coronavirus)

## Client/Customer List for COVID-19 Contact Tracing

*\*Please list ALL persons in attendance*

First Name		Last Name	Address		
Date	Time of Arrival	Email	Phone Number	Service Provider	Time of Departure

First Name		Last Name	Address		
Date	Time of Arrival	Email	Phone Number	Service Provider	Time of Departure

First Name		Last Name	Address		
Date	Time of Arrival	Email	Phone Number	Service Provider	Time of Departure

First Name		Last Name	Address		
Date	Time of Arrival	Email	Phone Number	Service Provider	Time of Departure

