

This form is to be used to assist the process of identifying persons who may have come into contact with an infected person ("contacts") and the subsequent collection of further information about these contacts. This form should be maintained throughout your visit by entering the details below.

Name of Visitor				Was the visit pre-arranged with the Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Visit	____/____/____	Time	Entry to school _____ am <input type="checkbox"/> pm <input type="checkbox"/>	Exit from School _____ am <input type="checkbox"/> pm <input type="checkbox"/>
Visitor Status	Contractor <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	Other <input type="checkbox"/> Please complete: _____	
Contact details of visitor	Company Name (if applicable)			
	Address			
	Contact No.		Email Address	
	Reason for Visit			
Who the visitor met (separate line required for each person the visitor met)				
Name of Person visited				Length of time spent with each person in the school