

Irish Kennel Club

Covid Track and Trace Form

Name of Show _____

Date Of Show _____

Location _____

Attendees Name
(in Block Letters) _____

Telephone Number _____

List of People in your Traveling Pod

	Name	Phone Number
1.		
2.		
3.		
4.		

Please answer the Question

In the last 10 days have you or anyone in your traveling pod:

	YES	NO
Had Covid-19-related symptoms in the last 10 days	<input type="checkbox"/>	<input type="checkbox"/>
Tested positive for Covid-19 in the last 10 days	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to any of the above questions return home immediately

If you are under 18 years old a Parent or Guardian must sign this form

Signature Attendee _____

Name Parent/Guardian _____
(Block Letters)

Signature Parent Guardian _____