



Service Attendance Record Sheet

Parish		Service Date		Officiating Minister		Health Screen <input type="checkbox"/> Yes <input type="checkbox"/> No
Church Name		Service Time		Assisting Clergy / LLM		Health Screen <input type="checkbox"/> Yes <input type="checkbox"/> No

Please note that the sanctuary party at this time should comprise of only 2 persons

RECORD OF ATTENDANCE

Name of Parishioner	Contact Number	Attendance	Health Screen	Health Screen
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Parishioner is to be asked ::</p> <ul style="list-style-type: none"> <input type="checkbox"/> If they have returned from overseas travel (or a cruise ship) in the last 14 days <input type="checkbox"/> Have been in contact with a COVID-19 case. <input type="checkbox"/> If they have any flu-like symptoms <ul style="list-style-type: none"> • A fever greater 37.5 degrees • New onset unexplained cough • sore or scratchy throat • If they suffer from new onset shortness of breath <p>Parishioners who answer yes to any of these symptoms will not be able to attend worship.</p> <p>Source: https://www.nsw.gov.au/covid-19/symptoms-and-testing#symptoms-of-covid-19</p>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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I confirm that this attendance record is an accurate reflection of all people who attended this Service.

Please return this form to the Registrar by the Wednesday following the service.

Officiating Minister

Signature

Cleaning Record	
Pre-service cleaning completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-service cleaning completed	<input type="checkbox"/> Yes <input type="checkbox"/> No