

Covid-19 Track and Trace Form

Name: _____ Date: _____ Salah: _____

Address: _____ Phone: _____

I confirm that I am in good health to attend Shahjalal Jamia Masjid to perform Fardh prayer. I consent to the Masjid retaining my details for as long as necessary to facilitate NHS Test, Track and Trace, should the need arise.

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