

# Hospital Visitor Infection Control and Safety Induction

Please read the following safety guidelines and complete this induction document. Once filled out, print this page and present it to the reception desk upon your arrival.

## 1. Visitor and Patient Information

Visitor Full Name:

Visitor Phone Number:

Date of Visit:

Patient Name (being visited):

Ward / Room Number:

## 2. Health Screening and Infection Control Declaration

Please type "YES" or "NO" to answer the following screening questions:

Do you currently have any symptoms of respiratory illness, such as a cough, sore throat, fever, runny nose, or shortness of breath?

Have you tested positive for COVID-19, Influenza, or any other highly infectious illness in the last 7 days?

Have you been in close contact with anyone diagnosed with an infectious illness in the past 14 days?

## 3. Safety Agreement and Hand Hygiene Acknowledgement

Please type "I AGREE" next to each statement to confirm your understanding and compliance:

I will perform hand hygiene (using soap and water or alcohol-based hand rub) upon entering and leaving the hospital, as well as before and after entering the patient's room.

I will wear a surgical face mask or other protective equipment if instructed by hospital staff or indicated by ward signage.

I will remain in the patient's room or designated visitor areas and avoid wandering into other clinical departments or staff-only zones.

In the event of an emergency or fire alarm, I will follow the directions of ward wardens and emergency personnel immediately.

## 4. Sign-Off

By typing your name below, you confirm that the information provided is true and accurate, and that you agree to abide by the hospital safety guidelines.

Electronic Signature (Type Your Full Name):

Today's Date:

DD/MM/YYYY