

# Hospital Patient Visitor Registration Form

Instructions: Please complete all sections of this form before entering the ward. This form must be printed, filled out, and presented at the reception desk.

## 1. Visitor Information

Last Name:

First Name:

Contact Phone Number:

Home Address:

ID / Driver's License Number:

Relationship to Patient:

## 2. Patient Information

Patient Last Name:

Patient First Name:

Ward / Room Number:

## 3. Visit Details

Date of Visit (DD/MM/YYYY):

Time In (AM/PM):

Time Out (AM/PM):

## 4. Health Screen Declaration

Are you currently experiencing any cough, fever, runny nose, or sore throat? (Enter YES or NO):

Recorded Body Temperature (Staff Use Only):

## 5. Signatures (For Printed Form)

By signing below, you agree to follow all hospital visitor policies, including wearing appropriate personal protective equipment if required, and practicing hand hygiene.

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_