

Hospital Guest Visitor Pass Request

Please complete the fields below to request a temporary guest visitor pass. Once completed, print this form and present it at the main reception or security desk upon arrival.

Visitor Information

Visitor Full Name:

Contact Phone Number:

Relationship to Patient:

Date of Visit:

Estimated Arrival Time:

Patient & Destination Information

Patient Full Name:

Ward / Room Number:

Department / Wing:

For Hospital Administration & Security Use Only

The section below must be completed by authorizing hospital staff at the time of issuance.

Assigned Pass Number:

Authorizing Staff Name:

Date Issued:

Expiration Date/Time:

Staff Signature (Written):