

Visitor Registration Form

This **visitor registration form** sample is designed specifically for hospitals to efficiently record and manage visitor information. It ensures the safety and security of patients by maintaining accurate logs of all entries. The form is easy to use and customizable to meet hospital requirements.

Visitor Full Name

ID/Passport Number

Date of Visit

Time of Entry

Patient's Name

Relationship to Patient

Contact Number

Purpose of Visit

Time of Exit (Sign Out)

Register Visitor