

Hospital Visitor Log Form

This **hospital visitor log form sample** includes a temperature check section to ensure the safety of patients and staff. It records essential visitor information such as name, contact details, and health status. By using this form, hospitals can effectively monitor and control visitor access during health screenings.

Visitor Information

Full Name	<input type="text"/>
Contact Number	<input type="text"/>
Date of Visit	<input type="text"/>
Time In	<input type="text"/>
Patient Visited (Name/Room No.)	<input type="text"/>

Health Screening

Temperature (°C)	<input type="text"/>
In the last 14 days, have you experienced any of the following:	
Fever or chills	<input type="checkbox"/> Yes
Cough or sore throat	<input type="checkbox"/> Yes
Shortness of breath	<input type="checkbox"/> Yes
Contact with COVID-19 patient	<input type="checkbox"/> Yes

Declaration & Signature

I declare that the information provided above is accurate to the best of my knowledge.

Signature: Date: