

Healthcare Facility Pre-Arrival Security Protocol Form

Visitor Information

Full Name

ID/Passport Number

Contact Number

Company/Organization

Visit Details

Date of Visit

Time of Arrival

Purpose of Visit

Facility/Department to Visit

Security Checklist

- ☐ Appointment scheduled and confirmed
- ☐ Carrying electronic devices
- ☐ Bringing in packages or materials

Emergency Contact

Name

Phone Number

Relationship

Additional Notes