

Hospital Mobile Device End-User Compliance Validation Form

User Information

Full Name

Department/Unit

Position/Title

Hospital Email

Device Information

Device Type

Operating System

Device Model

Serial Number

Compliance Checklist

- ☐ Device storage is encrypted
- ☐ Device is secured with a passcode or biometric lock
- ☐ Hospital security policy acknowledged
- ☐ Up-to-date antivirus/anti-malware installed (if applicable)
- ☐ OS and apps are updated to the latest version
- ☐ Access to hospital systems is through approved apps only
- ☐ Understands protocol for reporting lost or stolen device

Additional Comments

User Declaration

☐ I confirm the above information is accurate and my device complies with hospital policies.

User Signature

Date