

Healthcare Facility Visitor Security Clearance Form

Visitor Information

Full Name

ID/Passport Number

Contact Number

Email Address

Visit Details

Date of Visit

Time In

Time Out

Person/Patient Visiting

Relationship to Patient

Purpose of Visit

Health & Security Declarations

Items Being Brought Inside

Have you experienced any symptoms (e.g., fever, cough, etc.)?

Recent Contact with Infectious Diseases?

Authorization Use Only

Approved By (Staff Name & Signature)

Clearance Status