Indiana University Health

Visitor Entrance Log

Place Patient Sticker Here

Date (MM/DD/YY)	**Visitor Name** (Please Print)	**Phone Number for Contact**	**Time Entered Room** (HH:MM)	**Time Exited Room** (HH:MM)
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM
			AM/PM	AM/PM

This form is to be completed for all visitors entering into the patients room. Please contact infection prevention with any concerns at 317-962-2157, or after hours by calling the hospital operator and asking for the infection preventionist on call. Please maintain this document post-discharge and send to infection prevention for record-keeping.