Log of Persons Entering Room Housing PUI
Isolation Room Entry Log

➢ All personnel entering the patient room must be logged.
➢ Staff should be limited to only those necessary for the patient's care and well-being.

Patient Name_____ MR#_____

Date of Admission_____ Unit _____Room Number_____

Return this form to the Infection Prevention Department when completed.

Date	Time In	Name of individual entering room	Relationship to Patient (e.g., Physician, RN)	Time Out

Not a part of patient medical record

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Affix Patient Label