

# NEONATAL INTENSIVE CARE UNIT (NICU) VISITOR PASS

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Neonatal Intensive Care Unit (NICU)  
Visitor Pass – Authorized Access Only

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## Section 1: Visitor Details

Field	Fillable Information
Full Name	_____
Relationship to Baby	_____
Date of Birth	____ / ____ / ____
Contact Number	_____
Email Address	_____

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## Section 2: Visit Information

Field	Fillable Information
Baby's Name	_____
Baby's Ward / Bed Number	_____
Date of Visit	____ / ____ / ____
Time In	____ : ____
Time Out	____ : ____

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## Section 3: Authorized Access

- **Purpose of Visit:**
  - ☐ Routine Visit
  - ☐ Care Participation
  - ☐ Emergency / Special Permission
- **Authorized By (NICU Staff Name & Signature):**
  - Name: \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Section 4: Hygiene & Safety Acknowledgment

I, the visitor, acknowledge that I have read and agree to comply with all NICU hygiene and safety protocols:

- Wash hands before and after contact
- Wear provided protective clothing (gown, mask, gloves)
- No food, drinks, or unauthorized items
- Follow all NICU staff instructions

**Visitor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Section 5: QR Code / Pass ID

- Visitor Pass ID: **NICU-**\_\_\_\_\_
  - QR Code (generated for scanning at entrance):  
[***QR CODE HERE***]
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## Section 6: Notes / Special Instructions

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