

NEONATAL INTENSIVE CARE UNIT (NICU) VISITOR PASS

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

Section 1: Visitor Details

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

Section 2: Visit Information

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

Section 3: Authorized Access

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

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: ____ / ____ / ____

Section 5: QR Code / Pass ID

- Visitor Pass ID: **NICU-**_____
- QR Code (generated for scanning at entrance):
[**QR CODE HERE**]

Section 6: Notes / Special Instructions
