**TRACKING FORM FOR VISITORS TO PATIENTS WITH EMERGING PATHOGENS**

## PATIENT LABEL

**Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of isolation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form must be faxed DAILY to Local Infection Prevention**

**AIR: 906-265-2191 AIW: ALH: 715-623-9315 AKH: AMH: AOH: ARH:**

**AWH:715.847.2207**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Visitor Name** | **Visitor Contact information- address** | **Phone number** | **PPE WORN**  **(see key below)** | **Time In** | **Time Out** | **Visitor symptomatic at time of visit** | |
| **1** |  |  |  | G GL M GO |  |  | **Y** | **N** |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |

**G = Gown / GL = Gloves / M= Mask GO = Goggles**

**Don the below items**

**Gown, Gloves, Mask, or Goggles**