

**Attachment 7: Entry Log for Individuals Entering the Room of a Patient with Suspected or Confirmed High Consequence Pathogen**

**INFECTION PREVENTION**

Patient Name: \_\_\_\_\_ Unit and Room Number: \_\_\_\_\_

**Healthcare Personnel**

Date	Time In/Time Out	Last Name, First Name (Print Name)	EID/PID	Pager (or phone)	OHS Provider (Hospital/University)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Non-healthcare personnel**

Date	Time In/Time Out	Last Name, First Name (Print Name)	Date of Birth	Home Address	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**This entry log should be placed outside the hospital room of a patient with suspect or confirmed high consequence pathogen. All individuals should complete the log at the time of first entry on each day of service or visit.**