Acknowledgement of receipt of Infection Control Information on Admission to Facility

I, ___________________________________________, resident or family member of resident ___________________________________________________ do hereby acknowledge receipt of information provided on this date of ______________________, by facility representative ________________________________________. I was given Orientation Information packet on Infection Control practices of this facility and was given the opportunity to ask questions about facility practices.

_________________________________________ Date ________________
Name of resident or family representative

_________________________________________ Date ________________
Name of facility representative