

## **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