



**Florida Hospital**  
**Graduate Medical Education**  
608 East Altamonte Drive, Suite 3200  
Altamonte Springs, Florida 32701  
Office: 407-303-5268 Fax: 407-303-5273  
Website: [www.floridahospitalresidency.com](http://www.floridahospitalresidency.com)

## VISITOR REGISTRATION

Please Print

✓ Applicant must provide PHOTO for proof of identification

### PERSONAL DATA:

Full Name (First, Middle, Last)

Approved Date of Visit

Address (Street, City, State, Postal Code)

Area Code/Home Phone Number

Area Code/Cell Phone Number

Emergency Contact (First, Middle, Last)

Relationship

Area Code/Contact Number

E-Mail Address

### PRECEPTOR DATA:

Service/Specialty

Preceptor Name

Address (Street, City, State, Postal Code)

Area Code/Work Phone Number

### CONFIDENTIALITY STATEMENT:

I understand that any inappropriate retrieval/review/sharing of private patient or employee information with unauthorized individuals is considered a breach of confidentiality and may result in the termination of visiting privileges accordance with hospital policy.

I understand my responsibilities and obligations under this policy, and have signed my acknowledgement to adhere to its terms:

Applicant Signature

Date

GME/FH Representative Signature

Date