

Outpatient Hand Hygiene Observation Form

Based on your observations:

1. Did the provider clean their hands with soap and water or alcohol hand rub when they came in the room or before they examined you, your family member, or your child? (circle response below)

YES

NO

2. Did the provider clean their hands with soap and water or alcohol hand rub after they finished examining you, your family member, or child or before they left the room? (circle response below)

YES

NO

Circle which provider examined you or your family member today:	Today's Date: ____ / ____ / ____
Physician	
Nurse Practitioner	Location: _____
Physician's Assistant	
Other:	

Additional Comments: