

# Patient Observation Form

Physician Name	Today's Date (MM/DD/Y) ____/____/____
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## Based on your observations:

1. Did the nurse or other staff working with Dr. \_\_\_\_\_ wash his/her hands or use a hand sanitizer immediately before touching you (or your family member if you are not the patient)?  
Yes    No
2. Did the nurse or other staff working with Dr. \_\_\_\_\_ wash his/her hands or use a hand sanitizer immediately after touching you (or your family member if you are not the patient)?  
Yes    No
3. Did Dr. \_\_\_\_\_ wash his/her hands or use a hand sanitizer immediately before examining you (or your family member if you are not the patient)?  
Yes    No
4. Did Dr. \_\_\_\_\_ wash his/her hands or use a hand sanitizer immediately after examining you (or your family member if you are not the patient)?  
Yes    No