



CONFIDENTIAL
Workplace Monitor Report

Participant's Name: _____

Time period covered in this report: _____

*Information on this form is strictly confidential.
Please be cognizant of this while it is in your possession.*

Frequency of Contact: _____

Relationship to Participant:

- Partner Peer Other _____

Promptness and Reliability:

- Good Fair Poor

Overall Attitude:

- Good Fair Poor

Ability to Work with Peers and Other Staff:

- Good Fair Poor

Any concerns about patient or staff interactions since last report?

- Yes No

Please specify if yes: _____

Please complete both sides.

Please check any areas of concern:

Appearance:

- Disheveled
- Tremors
- Needle Tracks
- Red or Yellow Eyes
- Consistent runny nose in absence of a medical condition
- Glassy Eyes
- Pupils Constricted
- Avoids Eye Contact

Behaviors:

- Mood Swings
- Negative Attitude
- Argumentative
- Inappropriate Anger
- Overreaction to Criticism
- Personality Change
- Odd Hours for Rounds
- Avoids Meetings/Isolating
- Shifts Workload

Other:

- Staff Complaints
- Patient Complaints

Comments: _____

Print name of monitor: _____
Address: _____
Address: _____
Telephone number: _____

Signature: _____ Date: _____

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