



**Physicians'
HEALTH
Program**

CONFIDENTIAL

Workplace Monitor Report

The Foundation of the Pennsylvania Medical Society

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
- Red or Yellow Eyes
- Pupils Constricted/Dilated
- Ongoing Physical Characteristic (glassy eyes, tremors, runny nose) _____
- Poor Personal Hygiene (body odor, appropriate dress, etc.) _____
- Other change in appearance _____

Behaviors:

- | | |
|--|--|
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Personality Change |
| <input type="checkbox"/> Negative Attitude | <input type="checkbox"/> Odd Hours for Rounds |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Avoids Meetings/Isolating |
| <input type="checkbox"/> Inappropriate Anger | <input type="checkbox"/> Avoids Eye Contact |
| <input type="checkbox"/> Overreaction to Criticism | <input type="checkbox"/> Shifts Workload |
| <input type="checkbox"/> Other changes in behavior _____ | |

Complaints:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> Staff | <input type="checkbox"/> Patient |
|--------------------------------|----------------------------------|

Comments: _____

Print name of monitor: _____

Address: _____

Address: _____

Telephone number: _____

Signature: _____ Date: _____

Physicians' Health Programs
 777 East Park Drive, P.O. Box 8820
 Harrisburg, PA 17105-8820
 (866) 747-2255 or (717) 558-7819
 FAX (717) 558-7818