

TENNESSEE MEDICAL FOUNDATION (TMF)
PHYSICIAN'S HEALTH PROGRAM (PHP)
WORK SITE MONITOR REPORT

To be submitted to TMF PHP by mail or FAX quarterly (Mar 1, June 1, Sept 1, Dec 1)

Participant Name _____ Reporting Quarter _____

Work Site Monitor _____ Phone _____

To be completed by Work Site Monitor:

How often have you had personal contact in the last three months? _____

Please report any observed changes (positive or negative) in the individual's behavior:

I have observed changes in the individual's attendance: Y N
If yes, please explain _____

I have observed changes in the individual's personal habits: Y N
If yes, please explain _____

I have observed changes in the individual's practice performance: Y N
If yes, please explain _____

I have observed changes in the individual's interpersonal relationships: Y N
If yes, please explain _____

I have observed changes in the individual's social behavior: Y N
If yes, please explain _____

I have observed changes related to the individual's use of prescription and/or non-prescription drugs or alcohol? Y N
If yes, please explain _____

Did the individual face any significant professional/personal challenges this month? Y N
If yes, please explain _____

Is the individual's overall performance satisfactory? Y N
If no, please explain _____

Do you have any concerns about the individual's workplace performance? Y N
If yes, please explain _____

Any additional comments: _____

Signature of Work Site Monitor

Date

Would you like the TMF PHP to contact you?

Yes

No

Please mail to: Tennessee Medical Foundation
5141 Virginia Way, Suite 110
Brentwood, TN 37027
(615) 467-6411

Or fax to: (615) 467-6419