



**Tennessee Medical Foundation
Physician's Health Program (TMF-PHP)
Work Site Monitor Report**

**Form may be submitted quarterly via mail, email or fax to:
Reagan Gibson at ReaganG@e-tmf.org / Fax 615-467-6419**

TMF-PHP Participant Name: _____

Reporting Quarter:

1st Quarter (Jan-March) 2nd Quarter (April-June) 3rd Quarter (July-Sept) 4th Quarter (Oct-Dec)

Work Site Monitor's Name: _____ **Phone:** _____

Email Address: _____ **Name of Employer:** _____

Employment Type: Full Time Part Time

1. Appearance: Poor Neat, Appropriately Dressed Fair Unacceptable

Appearance Explanation: _____

2. Attendance: Number of Absences _____ Number of hours worked since last reporting period _____

Reason for Absence Explanation: _____

3. Punctuality: Arrives on Time Number of Days Tardy _____

Punctuality Explanation: _____

4. Reliability: Very Dependable Average Poor

Reliability Explanation: _____

5. Clinical Performance: Above Average Fair Unacceptable Average

Clinical Performance Explanation: _____

6. Interaction with Co-Workers: Excellent Poor Fair Unacceptable

Interaction with Co-Workers Explanation: _____

7. Comments on Performance: _____

8. Urine Drug Screens/Blood Alcohol Levels: Have screens been performed? Yes No
Has any job-related behavior warranted requesting a screen? Yes No

9. Please answer the following questions where appropriate:

Has there been a change in position or responsibilities since the last reporting period? If yes, please explain in the comments section. Yes No

To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood-altering chemicals, including alcohol? If not, please explain in the comments section. Yes No

10. Would you like the TMF-PHP to call you regarding this participant? Yes No

Name of person completing the form: _____

Title of person completing the form: _____

Date form was completed: _____