



Center for a Healthy Maryland
 Maryland Physician Health Program
VOCATIONAL MONITOR REPORT

1202 Maryland Ave, 2nd Floor
 Baltimore, MD 21201-5512
 Phone: 800.992.7010/410.962.5580
 Fax: 410.962.5583
 www.healthymaryland.org

PARTICIPANT: _____

REPORTER: _____

REPORTING SCHEDULE (CHECK)

March 31 _____
 June 30 _____
 September 30 _____
 December 30 _____

FREQUENCY OF CONTACT (PLEASE CIRCLE)

	DAILY	WEEKLY	MONTHLY	PHONE	FACE-TO-FACE	OTHER: _____
PLEASE COMMENT ON THE FOLLOWING						
			POOR			EXCELLENT
1. ATTENDANCE & PUNCTUALITY (COMMENTS AND RECOMMENDATIONS)			1	2	3	4 5
2. WORK PERFORMANCE (COMMENTS AND RECOMMENDATIONS)			1	2	3	4 5
3. RELATIONSHIP WITH COLLEAGUES (COMMENTS AND RECOMMENDATIONS)			1	2	3	4 5
4. MANAGING STRESS/ADAPTABILITY (COMMENTS AND RECOMMENDATIONS)			1	2	3	4 5
5. OVERALL QUALITY OF WORK (COMMENTS AND RECOMMENDATIONS)			1	2	3	4 5

6. **IS THE CLIENT SUBJECT TO ANY DISCIPLINARY ACTIONS OR INVESTIGATION OR CHANGES IN HOSPITAL OR HEALTH CARE FACILITY PRIVILEGES? IF YES, PLEASE EXPLAIN**

7. **PLEASE IDENTIFY AND PRESENT CONCERNS OR COMMENTS YOU MAY HAVE REGARDING THIS PHYSICIAN.**

SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: REGARDING THIS CLIENT, PLEASE NOTIFY THE PHYSICIAN HEALTH PROGRAM WITHIN 24 HOURS OF ANY OF THE FOLLOWING:

1) A positive toxicology screen. 2) Appearing to be a danger to self or others. 3) Intent to harm self or others. 4) Changes in employment.

PHYSICIAN HEALTH PROGRAM: 1 800 992-7010, (410) 962-5580 Fax (410) 962-5583