



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

PHYSICIAN CLIENT: _____

REPORTER: _____

REPORTING SCHEDULE

BIMONTHLY _____
 MONTHLY _____
 QUARTERLY _____
 SEMI-ANNUAL _____

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