

**Virginia Health Practitioners' Monitoring Program
Monthly Work Site Monitor Report**

Name of Participant: _____ Client # _____ CM: _____

Date of Report: _____ For Month: _____, 20____

Participant's Job Title: _____

Hours worked:

Average work hours per day: _____ Average total hours per week: _____

Shifts worked:

Day Evening Night Weekend

Attendance:

Number of absences: _____ Number of late arrivals: _____

Did you see the participant face-to-face this month?

Yes No

Is the participant's conduct professional?

Yes No

Has there been any workplace disciplinary action? If yes, was it written or verbal? Please explain below.

Yes No Written Verbal

Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments: Very Good Good Fair Poor Very Poor

Comments/Concerns: _____

Do you need more information about the Virginia Health Practitioners' Monitoring Program (HPMP) or participant?

Yes No

Do you need to speak with the participant's case manager?

Yes No

As far as you are aware, does the participant comply with the standards of acceptable and prevailing practice and appear able to practice with reasonable skill and safety?

Yes No

Do you have concerns about the participant's behavior, work performance or compliance with HPMP?

Yes No

Person Completing Report (Print Name): _____ Title: _____ Date: _____

Signature: _____ Telephone: _____

*(Please fax this form to 804-828-5386 by the 10th of the month.)
Thank you for your cooperation!*

For Office Use Only

Date Received by HPMP: _____ Case Manager: _____