



## Worksite Monitor—Quarterly Report

Complete the form and return to IPHP staff.  
 400 SW 8th Street, Suite C, Des Moines, IA 50309  
[www.iphp.iowa.gov](http://www.iphp.iowa.gov)

<b>Participant Name:</b>	<b>Worksite Monitor Name:</b>
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<b>Indicate which quarter this report covers.</b>	
1st Quarter (January-March) - due April 1– 20	3rd Quarter (July-Sept) - due Oct 1– 20
2nd Quarter (April-June) - due July 1-20	4th Quarter (Oct-Dec) - due Jan 1– 20

**How often have you had personal contact since the last report?**

Are you aware of any negative changes in the participant’s attendance?	YES	NO
Are you aware of any negative changes in the participant’s personal habits or general appearance?	YES	NO
Are you aware of any negative changes in the participant’s practice performance?	YES	NO
Are you aware of any negative changes in the participant’s interpersonal relationships?	YES	NO
Are you aware of any negative changes in the participant’s social behavior?	YES	NO
Are you aware of any negative changes related to the participant’s use of prescription and /or non-prescription drugs or alcohol?	YES	NO
Did the participant face any significant professional or personal challenges this quarter?	YES	NO
Do you have any concerns about the participant's workplace performance?	YES	NO
Do you have any concerns about the participant’s ability to remain in active practice without affecting patient safety?	YES	NO
Would you like the IPHP case manager to contact you?	YES	NO

<b>EXPLAIN ANY “YES” RESPONSES. ADDITIONAL COMMENTS OR CONCERNS.</b>
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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_