



Worksite Monitor—Locum Tenens Quarterly Report

Complete the form and return to IPHP staff.
400 SW 8th Street, Suite C, Des Moines, IA 50309
www.iphp.iowa.gov.

| | |
|--------------------------|-------------------------------|
| Participant Name: | Worksite Monitor Name: |
|--------------------------|-------------------------------|

| | |
|---|---|
| Indicate which quarter this report covers. | |
| 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?

| | | |
|---|-----|----|
| Was the participant absent from any scheduled assignments? | YES | NO |
| Have any negative reports been received about changes in the participant's practice performance? | YES | NO |
| Have any negative reports been received about the participant's interpersonal skills/relationships? | YES | NO |
| Have any negative reports been received about changes 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 |

| |
|--|
| EXPLAIN ANY "YES" RESPONSES. ADDITIONAL COMMENTS OR CONCERNS. |
|--|

| | |
|-------------------|--------------|
| SIGNATURE: | DATE: |
|-------------------|--------------|