

WORKPLACE MONITOR - CONFIDENTIAL REPORT

NHPHP Participant: _____ **Monitor:** _____

This NHPHP Participant has authorized you to complete quarterly reports regarding compliance with his/her monitoring agreement with the NHPHP. Accurate and prompt information from Monitors is essential. Please notify Dr. Rossignol at 491-5036 or mrossignol@nhphp.org immediately if you have any questions or concerns.

Quarter ending: please circle March 31 June 30 September 30 December 31

- 1) During the past three months, I have seen and spoken with this participant on average:
_____ times a week or _____ times a month.
- 2) Is there any evidence of non-compliance with the NHPHP monitoring agreement or expected behavior? Yes ___ No ___ Detailed concerns or comments:
- 3) Are there any concerns about communications, anger management, work duties or team work?
Yes ___ No ___ Details:
- 4) Do you have any concerns regarding his/her ability to safely perform his/her work? Yes ___ No ___
Details:
- 5) Have you observed a change in his/her personal self-care such as excessive fatigue, decreased grooming, lack of exercise, weight change? Yes ___ No ___
Details:
- 6) Would you like the NH PHP staff to call you? Yes ___ No ___

Monitor name

Signature

Date

Email Address _____ **Telephone** _____