

**Pu'ulu Lapa'au**  
Hawai'i Program for Healthcare Professionals  
**WORK SITE MONITOR REPORT**

**To be submitted to Pu'ulu Lapa'au by mail or FAX.**

Frequency: Quarterly \_\_\_\_\_

Participant Name: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Work Site Monitor: \_\_\_\_\_

Phone: \_\_\_\_\_

**To be completed by Work Site Monitor:**

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

Please report any observed changes (positive or negative) in the individual's behavior (circle one):

I have observed changes in the individual's attendance: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's personal habits or general appearance: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's practice performance: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's interpersonal relationships: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes in the individual's social behavior: Y N NA

If yes, please explain: \_\_\_\_\_

I have observed changes related to the individual's use of prescription and/or non-prescription drugs or alcohol: Y N NA

If yes, please explain: \_\_\_\_\_

Did the individual face any significant professional or personal challenges this month? Y N NA

If yes, please explain: \_\_\_\_\_

Do you have any concerns about the individual's workplace performance? Y N NA

If yes, please explain: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Work Site Monitor

\_\_\_\_\_  
Date

**Would you like Pu'ulu Lapa'au to contact you?** [ ] Yes [ ] No

Please mail completed form to:

**Pu'ulu Lapa'au**  
**Hawai'i Program for Healthcare Professionals**  
**200 North Vineyard Boulevard, Building B, Suite 271**  
**Honolulu, HI 96817**  
**Phone: (808) 593-7444**

**Or FAX to: (808) 593-8999**