

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

Participant Name: _____ Reporting Date: _____

Work Site Liaison: _____ Phone: _____

To be completed by Work Site Liaison

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

Please report any observed changes (positive or negative) in the individual's behavior (check 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 Liaison

Date

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

Please return form by fax, email, mail, or upload to website

Mail:

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