



ALABAMA PROFESSIONALS HEALTH PROGRAM

Provided by the Medical Association of the State of Alabama

Worksite Monitor - Quarterly Report

Return to APHP by mail or fax

Participant Name: _____ Report Date: _____

Monitor Name: _____ Email Address: _____

Please Print

Monitor's Signature: _____ Monitor's Phone: _____

It has been determined that in many cases employers and/or coworkers can be the first to notice relapse or pre-relapse behaviors in a recovering person. For this reason we feel it is important for you to answer these questions as accurately and honestly as possible. By faxing your report directly rather than through the person you are monitoring, we have tried to insure your anonymity, and will only use this report as a tool to prompt further review or investigation.

1. How often Observed

- Daily
- Weekly
- Several Times Weekly
- Monthly
- Other _____

2. General Appearance (mark all that apply)

- Neat (clothing appears clean and pressed)
- Professional (wears proper attire for setting)
- Wrinkled Clothing
- Looks tired or ill
- Other _____

3. Attitude (mark all that apply)

- Positive
- Negative
- Compliant
- Resistant
- Angry
- Disruptive
- Other _____

4. Attendance and Punctuality

- Comes to work when required
- Responds promptly to calls/pages
- Misses a great deal of work

_____ (explain)

- Has established a pattern of missing work on Mondays or Fridays.
- Always Punctual
- Occasionally Late
- Regularly Late

5. Other work related problems identified: (please write "none" if no problems were identified)

