Monthly Duty Hours Report

[Subject Name]
[Subject Status]
[Subject Program]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]
[Evaluator Program]

Please attest to the following questions pertaining to your duty hours for the current month.

1) I attest my duty hours during the month did not exceed the average of 80 hours per week for this rotation.
   - True ( )
   - False ( )
   - N/A ( )

2) My "on call" shifts did not exceed 24-hours with six (6) additional hours for transfer of care, continuity clinic, or other allowed activities.
   - True ( )
   - False ( )
   - N/A ( )

3) I had a minimum of ten hours free from any scheduled activities between all daily duty periods and after in-house call.
   - True ( )
   - False ( )
   - N/A ( )

4) My in-house call did not exceed every third night, averaged over a 4 week period. (Exception: Internal Medicine in-house call must not occur more frequently than every 3rd night).
   - True ( )
   - False ( )
   - N/A ( )

5) I received at least one continuous 24-hour period per week free from any scheduled activities, averaged over a 4-week period. List individual dates.
   - True ( )
   - False ( )
   - N/A ( )

   Comments

   Remaining Characters: 5,000

6) If applicable, list moonlighting activity. Include location(s), dates, and number of hours worked each day:
   - True ( )
   - False ( )
   - N/A ( )

   Comments

   Remaining Characters: 5,000

7) Explain exceptions to any of the above:
   - Comment

   Remaining Characters: 5,000

Return to Questionnaire List