

SEND COMPLETED FORM TO

sharepotter@totalwellbeing.com.au

OR Fax: 03 9855 9555



WorkHealth

**START
TIME
10.00 AM**

SESSION: Day Date: Nurse:

Name of Organisation: Address: Phone:

Employer Contact Name: Email: Fax:

	Start Time	Name	Internal Contact / Extension No.	Interpreter? Language?	office use only
SETUP	9:30 AM	NURSE SET UP			
Health Check 1	10:00 AM			<input type="checkbox"/> Yes	
Health Check 2	10:15 AM			<input type="checkbox"/> Yes	
Health Check 3	10:30 AM			<input type="checkbox"/> Yes	
Health Check 4	10:45 AM			<input type="checkbox"/> Yes	
Health Check 5	11:00 AM			<input type="checkbox"/> Yes	
Health Check 6	11:15 AM			<input type="checkbox"/> Yes	
Health Check 7	11:30 AM			<input type="checkbox"/> Yes	
BREAK	11:45 AM	NURSE BREAK			
	12:00 PM				
	12:15 PM				
Health Check 8	12:30 PM			<input type="checkbox"/> Yes	
Health Check 9	12:45 PM			<input type="checkbox"/> Yes	
Health Check 10	1:00 PM			<input type="checkbox"/> Yes	
Health Check 11	1:15 PM			<input type="checkbox"/> Yes	
Health Check 12	1:30 PM			<input type="checkbox"/> Yes	
Health Check 13	1:45 PM			<input type="checkbox"/> Yes	
Health Check 14	2:00 PM			<input type="checkbox"/> Yes	
BREAK	2:15 PM	NURSE BREAK			
	2:30 PM				
Health Check 15	2:45 PM			<input type="checkbox"/> Yes	
Health Check 16	3:00 PM			<input type="checkbox"/> Yes	
Health Check 17	3:15 PM			<input type="checkbox"/> Yes	
Health Check 18	3:30 PM			<input type="checkbox"/> Yes	
Health Check 19	3:45 PM			<input type="checkbox"/> Yes	
Health Check 20	4:00 PM			<input type="checkbox"/> Yes	
Health Check 21	4:15 PM			<input type="checkbox"/> Yes	