Please take a few minutes to complete this questionnaire. The information provided will assist us in improving our services to you.

Person completing this form: Student _______ Administrator _______ Visitor _______
Faculty _______ Staff _______ Other _______

Indicate the type of service: (Please check all that applies)

_____ Emergency First Aid
_____ Immunization Clearance
_____ Vaccination Clinic
_____ On Campus Parking
_____ Special Program Health Review
_____ Health Stop or WA Grade
_____ Medical or Psychological Consultation
_____ Incident Report or Compensation Form Follow-up
_____ Employee Returning to Duty/Medical Documentation
_____ Medical Withdrawal or Class Withdrawal
_____ Other ______________________________________

I was seen by the following person(s):

Staff _____ Nurse _____

Please rate the quality of the service to you: Excellent Good Average Poor

Seen in a timely manner ______ ______ ______ ______
Courteous and attentive to my problem ______ ______ ______ ______
Knowledgeable and supportive ______ ______ ______ ______
Made appropriate referral ______ ______ ______ ______

Please place below additional comments and/or suggestions for improvement:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

THANK YOU!