



KINGSBOROUGH
COMMUNITY
COLLEGE

The City University
of New York

Office of Health Services

EVALUATION OF HEALTH SERVICES

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
- _____ Health 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 _____ Doctor _____ Director _____

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