

## VOLUNTEER HEALTH CARE PROVIDER LOG SHEET

First Name	Last Name
Street	
City	Zip
Telephone	Email

**Services provided**

*Please check all that apply*

<input type="checkbox"/> Antibiotic distribution <input type="checkbox"/> Blood glucose screening <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Cholesterol Medication <input type="checkbox"/> Cholesterol screening <input type="checkbox"/> Dental care <input type="checkbox"/> Diabetes medication <input type="checkbox"/> Diagnostic imaging <input type="checkbox"/> Family planning services <input type="checkbox"/> Flu vaccine administration <input type="checkbox"/> Foot care	<input type="checkbox"/> General physical exams <input type="checkbox"/> HIV testing <input type="checkbox"/> Immunization services <input type="checkbox"/> Medication administration <input type="checkbox"/> OB/GYN care <input type="checkbox"/> Over-the-counter and cold administration <input type="checkbox"/> Pain Medication <input type="checkbox"/> Prescription of medications <input type="checkbox"/> STD screening <input type="checkbox"/> Vision screening <input type="checkbox"/> Other
--	---

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

**End of Year Review**

Total Hours for current year \_\_\_\_\_

Total Patients or Visits for current year \_\_\_\_\_

Changes in hours for following year \_\_\_\_\_

Increase \_\_\_\_\_ Decrease \_\_\_\_\_ Same \_\_\_\_\_

Hours per week		Patients/Visits per week	
1 _____	_____	27 _____	_____
2 _____	_____	28 _____	_____
3 _____	_____	29 _____	_____
4 _____	_____	30 _____	_____
5 _____	_____	31 _____	_____
6 _____	_____	32 _____	_____
7 _____	_____	33 _____	_____
8 _____	_____	34 _____	_____
9 _____	_____	35 _____	_____
10 _____	_____	36 _____	_____
11 _____	_____	37 _____	_____
12 _____	_____	38 _____	_____
13 _____	_____	39 _____	_____
14 _____	_____	40 _____	_____
15 _____	_____	41 _____	_____
16 _____	_____	42 _____	_____
17 _____	_____	43 _____	_____
18 _____	_____	44 _____	_____
19 _____	_____	45 _____	_____
20 _____	_____	46 _____	_____
21 _____	_____	47 _____	_____
22 _____	_____	48 _____	_____
23 _____	_____	49 _____	_____
24 _____	_____	50 _____	_____
25 _____	_____	51 _____	_____
26 _____	_____	52 _____	_____