



**Health Center**

**EVALUATION OF HEALTH CENTER**

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:

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**THANK YOU!**