

MEDICAL CONTRACTING SERVICES
Contractor Review

Date: _____

Place of employment: _____

Employment Supervisor: _____

Name of contracted individual: _____

Length of employment: _____

Please evaluate the contracted employee

Was the individual professional?	0	1	2	3	4	5	6	7	8	9	10
Did the individual use good hygiene?	0	1	2	3	4	5	6	7	8	9	10
Was the individual on time for scheduled shifts?	0	1	2	3	4	5	6	7	8	9	10
Did the individual have a pleasant demeanor?	0	1	2	3	4	5	6	7	8	9	10
Did you find the individual knowledgeable?	0	1	2	3	4	5	6	7	8	9	10
Was the individual efficient?	0	1	2	3	4	5	6	7	8	9	10
Was the individual thorough?	0	1	2	3	4	5	6	7	8	9	10
Was the individual a team player?	0	1	2	3	4	5	6	7	8	9	10
Would you request this individual to work for you again if needed?	0	1	2	3	4	5	6	7	8	9	10
Were you pleased with the sales consultant from our company?	0	1	2	3	4	5	6	7	8	9	10
How would you rate our services from Medical Contracting?	0	1	2	3	4	5	6	7	8	9	10

Notes: _____

Signature of Supervisor

Please Fax Back to 800-451-9828