

Monthly Duty Hours Report



[Subject Name]  
[Subject Status]  
[Subject Program]  
[Evaluation Dates]  
[Subject Rotation]

Evaluator  
[Evaluator Name]  
[Evaluator Status]  
[Evaluator Program]

Please attest to the following questions pertaining to your duty hours for the current month.

1) I attest my duty hours during the month did not exceed the average of 80 hours per week for this rotation.

True

False

N/A

2) My "on call" shifts did not exceed 24-hours with six (6) additional hours for transfer of care, continuity clinic, or other allowed activities.

True

False

N/A

3) I had a minimum of ten hours free from any scheduled activities between all daily duty periods and after in-house call.

True

False

N/A

4) My in-house call did not exceed every third night, averaged over a 4 week period. (Exception: Internal Medicine in-house call must not occur more frequently than every 3rd night).

True

False

N/A

5) I received at least one continuous 24-hour period per week free from any scheduled activities, averaged over a 4-week period. List individual dates.

True

False

N/A

Comments

[Text area for comments]

Remaining Characters: 5,000

6) If applicable, list moonlighting activity. Include location(s), dates, and number of hours worked each day:

True

False

N/A

Comments

[Text area for comments]

Remaining Characters: 5,000

7) Explain exceptions to any of the above:

Comment

[Text area for comment]

Remaining Characters: 5,000

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