

# Clinic Evaluation Survey

**EMPLOYEES: Please complete this survey and return it to your District Office.**

## Kaiser On-the-Job Occupational Health Center

Redwood City

San Bruno

San Francisco

South San Francisco

**CA. Occupational Medical Examiners**

100 Hazelwood Dr. S. San Francisco, CA. 94080

**Immediate Care**

60 N. El Camino Real San Mateo, CA.

**Pacific Occupational Health Clinic**

3 S. Linden Ave. S. San Francisco, CA. 94080

**SFO Medical Clinic**

SFO International Terminal A Level 3,  
San Francisco, CA.

## First Appointment or Subsequent Appointment (Circle one)

**Location:** Was the clinic easy to locate: Yes / No

**Parking:** Was parking space adequate: Yes / No

**Staff:** Was the clinic staff friendly and helpful: Yes / No

**Lobby:** Were you comfortable in the waiting lobby: Yes / No

How long did you wait in the lobby: 0-30 minutes / 30-60 minutes / greater than 60 minutes.

## Physician Evaluation:

How would you rate your appointment with the physician: 1 2 3 4 5 (# 5 being the best possible experience).

Did the physician address your needs in a timely, efficient, and reasonable manner? Yes / No

Did the physician address your job and your ability to perform the essential job functions: Yes / No

Did the physician discuss your injury and your treatment plan with you: Yes / No

**Clinic:** Was the clinic clean and maintained in an orderly manner: Yes/No

Were you provided a follow-up appointment: Yes/ No

How would you rate your overall experience at this clinic: (1-5 with 5 being the best) 1 2 3 4 5.

Thank you for helping us to deliver quality and timely medical care to our members!

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

District Name: Sequoia Union High School District