

Documentation of Health Care Supervision

Standard: 22VAC40-61-280

Participant Name: _____

Date: _____

Measures of Health Status (below):

Observation/Supervision by: _____

Vital Signs	
Weight	
Meal and fluid intake	
Elimination	
Skin integrity	
Behavior	
Cognition	
Functional ability	
Special needs	

Refer to 22VAC40-61-280 for additional requirements. The chart above captures information noted in section 280 D.

Notes: _____
