

**SURVEY TRACKING FORM  
HOPI HEALTH CARE CENTER**

**ORGANIZATIONAL FUNCTION** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>DATE REPORTS RECEIVED</b>	<b>COMMUNICABLE DISEASE</b>	<b>STD's</b>	<b>DATE REFERRAL SENT TO PHN</b>	<b>DATE COMPLETED</b>	<b>DATE REPORT SENT</b>

