Post Surgeon's Report Form Instructions

- 1. The information on this report can be earned or achieved by VFW or Auxiliary.
- 2. The report pertains to anyone whom is hospitalized, shut-in, ill, and is not immediate family, i.e. living in your household.
- 3. Projects that can be included are but not limited to: assisting veterans homes, soldier's homes, veterans hospitals, hospitals, nursing homes, special needs organizations such as Special Olympics, meals on wheels, attending to the needs of elderly and shut-ins as long as they are not immediate family.
- 4. (1) Enter the Date you will mail the form.
- 5. (2) Enter the Month that the information on the form is for.
- 6. (3) Enter your District number.
- 7. (4) Enter your Post number.
- 8. (5) Enter the name of the town your post is located in.
- 9. (6) When reporting visits or materials: Enter the number of workers, the number of hours worked, the number of hours worked x \$22.55, the number of miles, the number of miles x \$0.14, and the cost of any materials. Add the expenses (\$) together to make the credit \$\$
- 10. (7) When reporting blood donations: Enter the number of donors, the number of hours worked (at least one hour per donation), the number of hours worked x \$22.55, the number of miles, the number of miles x \$0.14, and enter the number of donors x \$69.00 under the column "cost of material". Add the expenses (\$) together to make the credit \$\$\$\$\$ at the end of the line.

11. When reporting cards, flowers, and memorials use the format in paragraph 9.

Medical Equipment Section

Now for the bottom half of the report. This is where the form has changed. this area is designed to help District Surgeons get the information for that share program being implemented.

- A. this is the type of most common equipment used if you have If you loan out equipment not listed, check with a hospital equipment rental business and use the figure they would charge for the monthly value.

 When reporting the hospital equipment, the hours taken to do so, the workers needed to fix equipment, loan it out, and compile the records and receipts of this equipment can also be counted. A good place to put it is in the miscellaneous line in the hospital equipment section and use \$22.55 until it is revised, as the monthly value per hour.
- B. This is you inventory of all units owned that is in proper working order. if you have equipment needing repairs or is scrap do not add them until they are ready to issue.
- C. This is the number you have issued out
- D. This is the number of worker that issued or took in the equipment or repaired equipment. only add workers when performing the work.
- E. Miscellaneous is for any equipment not listed. Enter appropriate value.

The Form can be filled out on line and saved to your computer in a PDF file format and you can send copy Via email or print it out and mail to Surgeon. If form done online or saved blank to your System it will calculate automatically.

DEPARTMENT OF KANSAS VETERANS OF FOREIGN WARS

POST SURGEONS REPORT

DATE:		THIS REPORT FOR MONTH OF					
DISTRICT #			POST#		TOWN		
SECTION A : VISITS AND MATERIAL	# OF WORKERS	TOTAL HOURS	X \$22.55	TOTAL MILES	X \$ 0.14	COST OF MATERIAL	TOTAL CREDITS \$\$\$\$
							<u> </u>
	+						
BLOOD DONATIONS X \$69.00 CARDS, FLOWERS AND MEMORIALS							
TOTALS FOR SECTION A							
SECTION B HOSPITAL EQUIPMENT		UNITS OWNED	UNITS LOANED OUT	BALANCE ON HAND	# OF WORKERS	MONTHLY VALUE	TOTAL CREDITS
HOSPITAL BED							
LIFT CHAIR							
ELECTRIC CART/LITTLE RASCAL							
ELECTRIC WHEEL CHAIR							
WHEEL CHAIR WITH/WITHOUT FOOTREST							
COMMODES/AND OR TABLES							
CRUTHES AND/OR WALKERS							
BED PAN AND/OR CROWSFOOT CANE							
SHOWER CHAIR							
BLOOD PRESSURE CUFF							
MISCELLANEOUS							
MONTHLY PAPER WORK 1 HOUR							
TOTALS FOR SECTION B							
TOTALS FOR SECTION AA	AND SECTION B						
FORM COMPLETED) BY			AU	THORIZED BY		
TITLE				TIT	LE		

ADDITIONAL REMARK CONCERNING THIS PROJECT MAYBE INDICATED ON A SEPARATE SHEET REFER TO HOSPITAL EVALUATION SHEET FOR UNIT VALUES, IF NOT LISTED, USE PURCHASE PRICE

FORWARD THIS REPORT TO DISTRICT SURGEON NLT THE 10TH OF EACH MONTH