



LÉKAŘSKÁ FAKULTA V PLZNI
UNIVERZITA KARLOVA

INTERNAL MEDICINE CLERKSHIP

Student's logbook

alej Svobody 1655/76, 323 00 Plzeň
IČO: 00216208

DATE OF CLERKSHIP

STUDENT			
NAME AND ADDRESS OF THE HOSPITAL			
PERSON RESPONSIBLE FOR THE CLERKSHIP	E-MAIL	PHONE	

DEPARTMENTAL ROTATION WITHIN THE CLERKSHIP (I.E. 10 WEEKS OR 250 HOURS EQUIVALENT)

DATE (FROM - TO)	WARD	CONFIRMATION OF PARTICIPATION

ACTIVE AND PASSIVE PARTICIPATION IN PROCEDURES, EXAMINATIONS; ATTENDING TRAINING SEMINARS

TYPE OF ACTIVITY	PERFORMED	OBSERVED	CONFIRMATION

CALL DUTY - DATE		CONFIRMATION OF PARTICIPATION	
PRACTICAL EXAM - DATE		TOPIC	
PERFORMANCE APPRAISAL - GRADE		EXAMINER (NAME, SIGNATURE)	
CREDIT (LECTURER FROM FACULTY OF MEDICINE IN PILSEN) - DATE		GRANTED BY (NAME, SIGNATURE)	