

**HOSPITAL ADDRESS:** .....

.....

**SPECIAL PROCEDURES**

	I have seen	Accomplished under control	Accomplished on my own
I.V. INJECTION			
BLOOD SAMPLE TAKING			
KATETRIZATION OF URINARY BLADDER IN MEN			
BLOOD PRESURE MEASURMENT			
RESUSCITATION			
COOPERATION IN BLOOD TRANSFUSION			
ECG ANALYSIS			
COOPERATION IN X-RAYS ANALYSIS			
PER RECTUM EXAMINATION			
HOSPITAL ADMISSION			
MEDICAL RECORD MAINTENANCE			
LABORATORY TESTS ANALYSIS			
Hospital, department:	.....		
Presence since - to:	.....		
Signature of the head of Dep.:	.....		

	I have seen	Accomplished under control	Accomplished on my own
CORONAROGRAPHY			
CENTRAL VEIN CATHETRIZATION			
HOLTER ECG ANALYSIS			
ERGOMETRY			
ECHOCARDIOGRAPHY			
BLOOD PRESSURE HOLTER ANALYSIS			
PLEURAL PUNCTURE			
GASTROSCOPY			
KOLONOSCOPY			
ABDOMINAL USG			
PARACENTESIS			
EXAMINATION IN ANGIOLOGY			
OGTT ANALYSIS			
HEMODIALYSIS			

Procedures must be confirmed by the supervising doctor

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## OVERALL EVALUATION

Head of Dep. (or any authorized person) should evaluate a) presence b) skills c) knowledge d) relation to patients e) relation to colleagues.  
Please indicate a list of seminars (such as X-ray visits, indications, ...) or other educational events in which student participated.

## Dept. of Internal Medical Subjects



# INTERNAL MEDICINE VI<sup>th</sup> year Year 2019/2020

**INDEX**  
of theoretical and practical  
education and hospital praxis

