REPORT OF PERFORMANCE IN CLINICAL PRACTICE
PRIOR TO A COMPONENT OF STATE EXAM

Surgery

Student’s Name: 
Born: 
Year presently registered in: 
Length of Medical Programme: 6 years

Student is required to submit this report with the exact dates of attendance the clinical area and signed by the clinical supervisor on the placement.

The Third Faculty of Medicine is presenting our students with a Logbook intended to assist them in getting their bearings around the wide range of practical skills they are obligate to acquire in the course of their studies. Appropriate skills shall be required especially at the final state graduation examination, always with regard to the subject examined.

Name and address of the University Hospital for Clinical Practice:

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Department /Clinic of: ........................................................................................................

Clinical Practice date : from ......................................till........................................

Name of the Clinical supervisor: ........................................................................................................

Signature and Stamp:

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Head of Hospital Member Responsible for Report

Date: __________________

Ruská 87, 100 00 Prague 10, Czech Republic
phone: +420 267 102 111
fax: +420 267 311 812
ID No.: 00216208, VAT No.: CZ00216208
IBAN:CZ30010000 00000022734101 a SWIFT:KOMBCZPPXXX