



**CHARLES UNIVERSITY**  
**Third Faculty of Medicine**

**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:  
 .....  
 .....

Department /Clinic of: .....

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

Name of the Clinical supervisor: .....

Signature and Stamp:

Head of Hospital Member Responsible for Report

Date: \_\_\_\_\_