

Single Cycle Degree Course in "Medicine and Surgery"

REPORT BOOKLET PRACTICAL EVALUATION TRAINEESHIP GENERAL MEDICINE AREA

TRAINEE: ______ Student identification number: ____

Activity	ECTS	Doctor's office	General practitioner
General Medicine	5		

Confirmation of the student's attendance and the performed activity

Date	Hours	Performed activity	Trainee's signature	General practitioner's
				signature
				Signature

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