



UNIVERZITA KARLOVA
Lékařská fakulta v Plzni
alej Svobody 76, 323 00 Plzeň
IČO: 002 16 208

SYLLABUS OF THE PRACTICAL PART OF THE COURSE IN

NAME OF THE COURSE

STUDENT'S LOG-BOOK

STUDENT

NAME OF HOSPITAL

ADDRESS OF HOSPITAL

PROCEDURES PERFORMED / OBSERVED

NO.	PROCEDURE	PERFORMED	OBSERVED	DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CONFIRMATION

I herewith confirm that this student duly attended the practical part of the course in our Hospital and fulfilled all the requirements.

NAME, RANK/POSITION

DATE

SIGNATURE