

Students Name				SUBJECT: CLINICAL ROTATIONS: MOTHER AND CHILD-GYNECOLOGY		
TYP OF PROCEDURE	NO OF PROCEDURE	Date of fulfilment	Date of fulfilment	Date of fulfilment	Date of fulfilment	Date of fulfilment
Taking blood	2					
IM and SC injections	5					
Taking cervical smears	2					
Vaginal examination	5					
Leopold Pavlikovi maneuvers	10					
Examination of placenta	10					
US examination	10					
CTG	10					
Keeping medical records	20					

Enter in the columns the date and signature of the officiating doctor

Verified by the course leader

(Signature and stamp)