Students Name and Surname	**Students matriculation number**

Department: Clinical rotations

Subject:

CLINICAL ROTATIONS: INTERNAL MEDICINE

WARD	DATE/ TIME FROM-TILL TOTAL HOURS	ASSIGNEMENTS	STUDENTS SIGNATURE	SIGNATURE AND STAMP OF THE OFFICIATING DOCTOR[1]	SIGNATURE AND STAMP OF THE SENIOR SPECIALIST

CLINICAL ROTATIONS: INTERNAL MEDICINE

WARD	DATE/ TIME FROM-TILL TOTAL HOURS	ASSIGNEMENTS	STUDENTS SIGNATURE	SIGNATURE AND STAMP OF THE OFFICIATING DOCTOR[1]	SIGNATURE AND STAMP OF THE SENIOR SPECIALIST

CLINICAL ROTATIONS: INTERNAL MEDICINE

WARD	DATE/ TIME FROM-TILL TOTAL HOURS	ASSIGNEMENTS	STUDENTS SIGNATURE	SIGNATURE AND STAMP OF THE OFFICIATING DOCTOR[1]	SIGNATURE AND STAMP OF THE SENIOR SPECIALIST