Students Name a	Students matriculation number							
Department: Clin	nical rotations							
Subject: CLINICAL ROTATIONS: MOTHER AND CHILD-GYNECOLOGY SIGNATURE SIGNATURE AND								
WARD	DATE/ TIME FROM-TILL TOTAL HOURS	ASSIGNEMENTS	STUDENTS SIGNATURE	AND STAMP OF THE OFFICIATING DOCTOR	SIGNATURE AND STAMP OF THE COURSE LEADER			

	KLINICI	NA KUTACIJA: IVIA	JKA I DIJETE - PEL	JIJATNIJA
DATE/ TIME FROM-TILL TOTAL HOURS	ASSIGNEMENTS	STUDENTS SIGNATURE	SIGNATURE AND STAMP OF THE OFFICIATING DOCTOR	SIGNATURE ANI STAMP OF THE COURSE LEADE
L *·				
	TIME FROM-TILL TOTAL HOURS	DATE/ TIME FROM-TILL TOTAL HOURS ASSIGNEMENTS ASSIGNEMENTS L	DATE/ TIME FROM-TILL TOTAL HOURS ASSIGNEMENTS STUDENTS SIGNATURE	DATE/ TIME FROM-TILL TOTAL HOURS ASSIGNEMENTS STUDENTS SIGNATURE OFFICIATING DOCTOR AND STAMP OF THE OFFICIATING DOCTOR D

^{*}The course Clinical rotation: MOTHER AND CHILD-GYNECOLOGY: last IN TOTAL: 80hours;

resident with whom the student directly cooperates ²teacher / associate of the School of Medicine, University of Split