

Students Name	<b>SUBJECT:CLINICAL ROTATIONS: MOTHER AND CHILD-PEDIATRY</b>								
<b>TYP OF PROCEDURE</b>	<b>NO. OF PROCEDURES</b>	Date of fulfilment							
Taking blood	5								
Subcutaneous and intracutaneous injection	2								
<b>IM injections</b>	2								
<b>IV injections</b>	4								
<b>Inhalational therapy</b>	2								
Measuring TM, TV, RR, calculating BMI, TP	5								
Recording and evaluating 12-lead ECG findings	2								
<b>Newborn examination</b>	5								
<b>Infant examination</b>	10								

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

Verified by the course leader

(Signature and stamp)