Albert Szent-Györgyi Medical School

CHILD DISTRICT PRACTICE EVALUATION SHEET

(1 week/30 hours) 6th year

Student's name: .....

Student's Neptun code: .....

Name and address of pediatrician (in block capitals): .....

.....

.....

Period of practice: .....

Number of hours completed: .....

Tasks completed during the practice: .....

.....

.....

.....

.....

Evaluation of the student: .....

.....

.....

.....

Date: .....

.....

Stamp

Signature of pediatrician