



EVALUATION SHEET
Obstetrics and Gynaecology II. (AOK-OAK504)
4th year II. semester

This is to certify that Ms./Mr.....
(born on.....in (city/country).....)
completed the following tasks within a surgery practical training at our Institution:

Specification of skill	Date	Tutor's signature
1. Clinical approach to the patient. Gynaecological history taking. Gynaecologic physical examination. Bimanual/speculum/rectal examination		
2. Screening methods for cervical neoplasias. Colposcopy. Infections (vulvovaginitis,STD)		
3. Genitourinary dysfunction: Pelvic Organ prolapse, Urinary Incontinence		
4. Female infertility diagnostic procedures		
5. Practical aspects of assisted reproduction		
6. Endoscopy/Postoperative treatment		
7. Contraception		
8. Vaginal surgical procedures		
9. Abdominal gynaecological operations. Laparotomy.		

Period of the practice:.....

Name of the clinic/hospital:

Name of the supervisor:.....

Remarks:

The student completed all the practices except Nr.....

Uncompleted tasks during the semester and their completion:.....

Date:
stamp

Signature of the supervisor, personal