



EVALUATION SHEET

Obstetrics and Gynecology I. (AOK-OAK502)

4th year I. 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:

Training at ward		Date	Tutor's signature
1.	Pathology of Pregnancy Ward		
2.	Gynecological Ward		
3.	OR/ Postoperative Ward		
4.	Outpatient/ Ultrasonography		

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:

Signature of the supervisor, personal stamp