

Clinical Experience Documentation

Date: _____

I supervised _____ in examining _____ patients with:
(Student name) (Number)

Hernia

Breast disease

Vascular disease

(Circle one of the above)

/

(Attending Surgeon or Senior Resident name / signature)

Student should make a copy of this card and turn in original to Grace Halstead,
Surgery Student Coordinator, (BI 4070) or fax to (706) 721-1047