

INTERNATIONAL AMERICAN UNIVERSITY
College of Medicine



Elective Rotation (4 weeks)
CLERKSHIP LOG BOOK

Specialty: _____
Student Name: _____

This is to certify that this student, _____ attended the sessions as entered in this booklet and fully participate in the educational program. I have discussed with the student my concerns, if any, about this experience here. His/her conduct in the office was professional and ethical.

Physician Signature: _____ **Physician Name:** _____

Physician Title: _____ **Name of Institution:** _____

FOR IAU OFFICE USE ONLY

Received by the Department on: _____ **Reviewed by:** _____ **Evaluation:** _____

International American University
Patient Log

In/Out Patient List

Student Name: _____

Rotation: _____

Week: 1

From: _____

To: _____

Day	Date	Patient Initials	Age	Sex	Chief Complaint	Procedures	Diagnosis	Meeting†	Lecture/ Procedure/ Seminars‡	Attending/ Resident Signature
1		P* 1								
		P2								
2		P1								
		P2								
3		P1								
		P2								
4		P1								
		P2								
5		P1								
		P2								

P* - Patient

† Student meeting, faculty meeting, admin conference, discharge conference, etc. attended

‡ Topics attended, length of time and procedure done.

International American University
Patient Log

In/Out Patient List

Student Name: _____

Rotation: _____

Week: 2

From: _____

To: _____

Day	Date	Patient Initials	Age	Sex	Chief Complaint	Procedures	Diagnosis	Meeting†	Lecture/ Procedure/ Seminars‡	Attending/ Resident Signature
1		P* 1								
		P2								
2		P1								
		P2								
3		P1								
		P2								
4		P1								
		P2								
5		P1								
		P2								

P* - Patient

† Student meeting, faculty meeting, admin conference, discharge conference, etc. attended

‡ Topics attended, length of time and procedure done.

International American University
Patient Log

In/Out Patient List

Student Name: _____

Rotation: _____

Week: 3

From: _____

To: _____

Day	Date	Patient Initials	Age	Sex	Chief Complaint	Procedures	Diagnosis	Meeting†	Lecture/ Procedure/ Seminars‡	Attending/ Resident Signature
1		P* 1								
		P2								
2		P1								
		P2								
3		P1								
		P2								
4		P1								
		P2								
5		P1								
		P2								

P* - Patient

† Student meeting, faculty meeting, admin conference, discharge conference, etc. attended

‡ Topics attended, length of time and procedure done.

International American University
Patient Log

In/Out Patient List

Student Name: _____

Rotation: _____

Week: 4

From: _____

To: _____

Day	Date	Patient Initials	Age	Sex	Chief Complaint	Procedures	Diagnosis	Meeting†	Lecture/ Procedure/ Seminars‡	Attending/ Resident Signature
1		P* 1								
		P2								
2		P1								
		P2								
3		P1								
		P2								
4		P1								
		P2								
5		P1								
		P2								

P* - Patient

† Student meeting, faculty meeting, admin conference, discharge conference, etc. attended

‡ Topics attended, length of time and procedure done.