

**Degree Course in Medicine and Surgery**

Academic Year _____

*Clinical Practice III (3rd year) - 1st semester***Student Name****Clinical Symptomatology - Internal Medicine -2 CFU**

Date						Valutazione finale a cura del Prof. M . Tesauero/ Prof D. Della Morte (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Clinical Symptomatology - Internal Medicine

Date						Valutazione finale a cura del Prof. M . Tesauero/ Prof D. Della Morte (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Clinical Symptomatology - General Surgery - 1 CFU

Date						Valutazione finale a cura di Prof. G. Sica (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						

Clinical Symptomatology - General Surgery						
Date						Valutazione finale a cura di Prof. G. Sica (voto, firma e timbro)
Hours						
Student Signature						
Tutor Signature and Stamp						
Laboratory Medicine - 1 CFU						
	CLINICAL PATHOLOGY (Prof Buccisano)	CLINICAL MICROBIOLOGY (Prof Silberstein Prof Ciotti)				
Date						
Hours						
Student Signature						
Tutor Signature and Stamp						

EVALUATION MARKS:

NS Not sufficient

S Sufficient [18 - 23]

F Fair [24 - 26]

G Good [27 - 29]

E Excellent [30]

L [30 lode]