



## CERTIFICATE OF CLINICAL EVALUATION

to be completed by the Chief Ward

**Student's name :**

**Professor's name :**

**Ward/Service's name :**

**Hospital's name :**

**Ville :**

**Pays :**

**Elective period from :**

**to :**

- Information acquired by anamnesis and from clinical examination (medical history, carrying out a clinical examination, skill to expose and present clinical cases)

Excellent

Very Well

Good

Satisfactory

Unsatisfactory

Absent

- Knowledge and clinical judgment (highlighting of important facts applying knowledge, differential diagnosis)

Excellent

Very Well

Good

Satisfactory

Unsatisfactory

Absent

- Professional initiative and incentive (incentive for further learning, work methods, sense of responsibility behavior, dress and appearance)

Excellent

Very Well

Good

Satisfactory

Unsatisfactory

Absent

- Human relations (relationships in professional, patient and family contexts)

Excellent

Very Well

Good

Satisfactory

Unsatisfactory

Absent

- Ability to adapt to a foreign medical system

Excellent

Very Well

Good

Satisfactory

Unsatisfactory

Absent

- General comment

Grade :

/20

Date :

Signature :

Seal :