ASSISTAN REPORT CARD

Name Surname: Foto
Register No.: 
Graduated High-School: 
Graduated Medical Faculty: 
Foreign Languages: 
KPDS point: 
Start Date of duty: 
Date of Specialisation Examination: 

THORACENTESIS
Date 
Protocol No. 
Diagnosis of the Patient 
Responsible Specialist 
Signature 

PLEURAL BIOPSY
Date 
Protocol No. 
Diagnosis of the Patient 
Responsible Specialist 
Signature 

ARTERİAL BLOOD GAS
Date 
Protocol No. 
Diagnosis of the Patient 
Responsible Specialist 
Signature 

PRICK TEST
Date 
Protocol No. 
Diagnosis of the Patient 
Responsible Specialist 
Signature 

TUBERCULİN TEST
Date 
Protocol No. 
Diagnosis of the Patient 
Responsible Specialist 
Signature
BRONCHOSCOPY
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

BRONCHOPROVACATION TEST
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

BLOOD CULTURE TAKING
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

INTUBATION
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

NON-INVASIVE MECHANICAL VENTILATION
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

SLEEP LABORATORY
Date
Protocol No.
Diagnosis of the Patient
Responsible Specialist
Signature

PUBLICATIONS
Name of the publication
Name of the journal
Date, number
Name order

PARTICIPATION TO CONGRESS AND SYMPOSIUM
Name of Congress/Symposium
Name of Bildiri/Poster
Date
COURSE AND POST-GRADUATE EDUCATION
Name of course/activity
Date
Place date
Responsible of the activity

INSTITUTIONAL EDUCATIONAL ACTIVITIES
Name of activity
Presented activity
Date
Responsible Specialist

OBLIGATORY ROTATIONS
Department
Start date
End date
Period
Evaluation

Internal Diseases
Infection
Radiology

NON-OBLIGATORY ROTATIONS
Department
Start date
End date
Period
Evaluation
Intensive Care
Cardiology

Memberships to Specific Organisations

SPECIALITY THESIS:
Tezin veriliş tarihi:
Responsible of the thesis:
Subject of the thesis:
Speciality examination:
Date of examination: