

SCHOOL OF MEDICINE AND SURGERY MASTER'S DEGREE IN MEDICINE AND SURGERY

A.Y. 2023/2024

4th YEAR, 1st semester

NAME	SURNAME		STUDENT'S NUMBER		
DATE AND TIMES (start time; end time)	UNIT	ACTIVITY	TUTOR (NAME AND SURNAME)	TUTOR'S SIGNATURE	TOTAL HOURS



DATE AND TIMES (start time; end time)	UNIT	ACTIVITY	TUTOR (NAME AND SURNAME)	TUTOR'S SIGNATURE	TOTAL HOURS



DATE AND TIMES (start time; end time)	UNIT	ACTIVITY	TUTOR (NAME AND SURNAME)	TUTOR'S SIGNATURE	TOTAL HOURS



SAFETY INFORMATION DECLARATION THIS SECTION MUST BE COMPLETED IN FULL AND SIGNED

The Tutor declares that the Student has been informed on the fundamental aspects of safety management within this Placement, in accordance with Legislative Decree 9 April 2008, n. 81.

DATE	UNIT	TUTOR (NAME AND SURNAME)	TUTOR'S SIGNATURE

STUDENT'S SIGNATURE:	