UNIVERSITÀ
DEGLI STUDI DI MILANO-BICOCCA

BASIC CLINICAL SKILLS (7 CFU/ECTS)

SCHOOL OF MEDICINE AND SURGERY

MASTER'S DEGREE IN MEDICINE AND SURGERY

A.Y. 2025/2026

2nd YEAR, Annual

NAME_____SURNAME_____ STUDENT'S NUMBER_____

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

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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: _____