# INTERNETSHIP ASSESSMENT FORM
## MEDICINE/DENTISTRY

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## I. KNOWLEDGE
- Basic Sciences
- Theoretical Knowledge in the Discipline

## II. CLINICAL SKILLS
- History Taking
- Clinical examination
- Interpretation of laboratory Data and X-Ray findings

## III. PROFESSIONAL CONDUCT
(a) To patients
(b) To seniors, colleagues and other health workers
(c) To public
(d) Punctuality & availability

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N/B: Where the grading shall be for scale D above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.
A) OVERALL ASSESSMENT BY THE SUPERVISOR

Name ---------------------------------Qualification-----------------------------------Reg. No. --------------

Signature......................................................................................................Date..................................................

B) RECOMMENDATIONS BY THE INTERN COORDINATOR

Name ---------------------------------Qualification-----------------------------------Reg. No. --------------

Signature......................................................................................................Date..................................................

C) HOSPITAL DIRECTOR/MEDICAL SUPERINTENDENT

I certify that the above named officer was engaged in full-time training employment in the discipline specified above, in accordance with Section II of Cap 253 and is hereby recommended/not recommended for registration (delete if not applicable)

Name ---------------------------------Qualification-----------------------------------REG. NO. ------------------------------------------

Signature............................................................Signature........................................Date..................................................

Official Stamp---------------------------------------------