

Protocol on Practical part for Internal medicine State examination

First name	
Family name	
Study group	
Diagnosis	
Physical examination <i>(note what system was examined under supervision)</i>	
EKG č.	
What laboratory findings were analyzed	<input type="checkbox"/> hematological <input type="checkbox"/> biochemistry <input type="checkbox"/> Others:
Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/>
Teachers Signature and stamp	
Date	