

FORM "B"

CLINICAL MAKE-UP DOCUMENTATION

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Make-Up Site: \_\_\_\_\_

Date for Clinical Make-Up: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Documentation of Clinical Activity  
(Attach clinical log sheet as necessary)

Signature of Clinical Instructor/Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Comments:

Student Signature: \_\_\_\_\_