Physician Shadowing
MUN Faculty of Medicine

Attendance Form 2011-2012

Name of Student: _____ ☐ **MED I** ☐ **MED II**

Dear Doctor:

The Physician Shadowing program provides a valuable opportunity for medical students to discover interests in the various fields of medicine. We encourage students to keep track of hours spent shadowing as it represents an important component of their portfolio of learning experience. With this in mind, students will record the hours spent shadowing with you and we ask for your assistance by signing to confirm these hours.

Dr. June Harris, Director of MedCAREERS

Date	# of Hours Shadowed	Physician	Specialty	Physician Signature

Total hours shadowed: _____

Students: Please submit the signed copy to the Office of Student Affairs by May. Maintain a copy for your records.