

Case Log Record

Student Name _____

Semester _____

Hospital _____

Assignment _____

Clinical Supervisor _____

DATE	EXAMINATION	SUPERVISION			PATIENT CARE			TRANSFER MODE		
		OBSERVE	DIRECT	INDIRECT	OXYGEN	IV TUBING	COLLECTION DEVICES	AMBULATORY	WHEEL CHAIR	STRETCHER

***LOG ALL CASES EXCEPT ROUTINE CHEST X-RAYS**