Sudan Medical Specialization Board

General Surgery Council

Registrar Name:___ _____ _____

Trainning Centre__ _____ _____

Rotation_____

Hospital_____ _____ _____

Date from_____ To_____

Trainer_____

Emergency Operation Records

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Clinical Trainer ---------- Educational Supervisor ----------

Signature *Signature*

Elective Operation Records

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Date	*Patient name*	*Age/ Sex*	*Operation*	1	2	3	4

Clinical Trainer ---------- Educational Supervisor ----------

Signature *Signature*

Emergency Consolidation Sheet

No	Operation	1	2	3	4	Total

No	Operation	1	2	3	4	Total

No	Operation	1	2	3	4	Total

Clinical Trainer ---------- Educational Supervisor ----------

Signature *Signature*

Elective Consolidation Sheet

No	Operation	1	2	3	4	Total

No	Operation	1	2	3	4	Total

Clinical Trainer ---------- Educational Supervisor ----------

Signature *Signature*