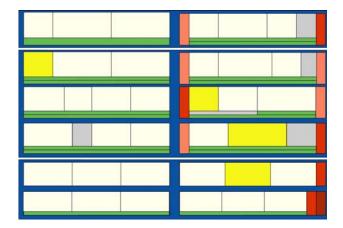


Clerkship Logbook



This journal shall be kept by students and shall serve as evidence of the clerkship times and contents as regulated by the University Studies Act and as furthermore defined in the curriculum. The forms included in the journal have to be submitted to the Registration and Examinations Office of the Medical of Vienna after attendance of the clerkship or before registration to the oral comprehensive examination before the committee (Curriculum Art. 7.4.3.1.2 c) the latest. This journal will be adapted in the course of the development of the curriculum.

Medical students rights and responsibilities

The rights and responsibilities of students in training, as well as any liability consequences due lapse are determined by the relevant legal provisions of the respective guest country, where the medical student is doing the clerkship and where the institution is located.

Legal insurance situation:

The Austrian University has taken out an accident and liability insurance policy for all the members of the university. On principle all students are included in this insurance, who have been admitted to study or who have registered to continue their studies.

The insurance coverage of the liability insurance policy is explicitly for the "personal, incumbent liability as in civil law regarding injury to persons and damage to property, which can arise from the dangers in daily life" of the students and which, among other things could occur "during the performance of activities such as practical studies and medical practice (which are designated by law, decree, curriculum) in all the countries of the European Union, up to an insured amount of €363.365 per liability.

However, the insurance coverage is only effective, if and in so far as, the insured person in an insurance case cannot claim the insurance benefit from another liability insurance (subsidiary clause). In view of the applicable liability insurance for all students taken out by the Austrian University, there is no need for medical students to take out a private liability insurance policy.

The same applies to accident insurance, as the Austrian University insurance covers all accidents, which could occur "during the performance of activities such as practical studies and medical practice (which are designated by law, decree, curriculum) in all the countries of the European Union.

Furthermore, all students are part insured under the existing regulations of § 8 Abs. 1 Z 3 lit i ASVG of the lawful ASVG accident insurance.

If the medical practice is absolved in a country outside the European Union, then it is urgently recommended to take out an independent, personal accident and liability insurance policy.

Dr. Markus Grimm Medical Faculty of the University of Vienna Clerkship Logbook

3. Forms

Clerkship Certificate

M(r)s. / Mr.	First name	Last name	Registration number	
Born on	Day Month Year		Kegisu aton number	
Has performed a cl	lerkship in	Clinical subject		
from	//20 DayMonthYear			
to	///20Year			
in:				
Name of institution	n (hospital + department)			
Contact address, pl	hone, email			
Head of institution (department/division)				
Name of superviso	pr			

The student has completed the clerkship with/without success.

Additional remarks:

Head of Department:

Seal

Date, Name, Signature

Clerkship Logbook

Logbook

Week from
$$\underline{\ }_{Day} / \underline{\ }_{Month} / 20 \underline{\ }_{Year}$$
 to $\underline{\ }_{Day} / \underline{\ }_{Month} / 20 \underline{\ }_{Year}$

Date	Department/ Division	Tasks	Observed diseases	Seminars (optional)
/ Day Month				
Additional remarks - Reflexions:				
/ Day Month				
Additional remarks - Reflexions:				
/ Day Month				
Additional remarks - Reflexions:				
/ Day Month				
Additional remarks - Reflexions:				
/ Day Month				
Additional remarks - Reflexions:				

Signature of the supervisor

Night-, Weekend Duties (optional)

Date	Department/ Division	Tasks	Observed diseases
 Day Month			
Additional remarks - Reflexions:			

Date	Department/ Division	Tasks	Observed diseases
/ Day Month			
Additional remarks - Reflexions:			

Date	Department/ Division	Tasks	Observed diseases
/ Day Month			
Additional remarks - Reflexions:		<u>.</u>	
Signature of the super	misor	C	eal

Signature of the supervisor

4. Evaluation Forms

(see Word-Documents "Clerkship Questionnaire for Students.doc" and "Clerkship Questionnaire for Supervisors.doc)