UNIVERSITY CLINIC / HOSPITAL STATEMENT

This form should be completed signed and stamped by an authorized representative of the accredited University / Medical School of an EU Member State, Norway, Switzerland or USA, providing the practice placement as part of the medical training.

1. STUDENT DETAILS

<table>
<thead>
<tr>
<th>Neptun ID(^{(1)}):</th>
<th>____________</th>
</tr>
</thead>
</table>
| Name*:              | ____________________________ |\
| Place and date of birth*: | ____________________________ |\

2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION PROVIDING THE PRACTICE PLACEMENT

| Name*:             | ____________________________ |
| Full address*:     | ____________________________ |
| Web address:       | ____________________________ |

DETAILS OF THE STATE ACCREDITATION DOCUMENT

| Number*:            | ____________________________ |
| Date of accreditation*: | ____________________________ |

As the authorized representative of the above-named accredited Institution providing the practice placement, I hereby declare that the data included in this document are true and correct in every respect.

I hereby declare that our Institution is able to ensure the acquirement of the skills in the field of Internal Medicine as defined in the syllabus attached.

| Name* (capital letters): | ____________________________ |
| Title / Position*:      | ____________________________ |
| Organizational unit:    | ____________________________ |
| Date*:                 | ____________________________ |

Institution stamp

Signature* 

Comments:

\(^{(1)}\) – Neptun is a student registration system, and Neptun ID is the student’s individual code at Semmelweis University;
Syllabus for the practice placement in Internal Medicine:

• Cognition of the department of internal medicine, and the hospital.
• Examination of patients, especially physical examination, and the examination of patients suffering cardiovascular and respiratory diseases.
• Attendance of patients as an assistant physician assigned by the Head of the Department of Internal Medicine, under the supervision of the Head of Department, on the level of a 3rd year student without any pharmacology training.
• Practice of the most important medical interventions.
• Dosage of medicines. (Methods)
• Examining the pulse, blood pressure measurement, body temperature measurement, weight-measurement, height-measurement.
• Technique of cupping, learning and applying of injecting (i.m., i.v., s.c. insulin).
• Knowledge of instruments (ECG, Doppler and/or oscillometry, monitors, supply of oxygen – according to the local possibilities.)
• Compilation of infusion and the technique of infusion wiring (under supervision). Transfusions (under supervision).
• Cognition of the patient documentation. and independent documenting.
• Learning of contacting patients and their relatives, especially informing patients and the medical confidentiality.
• Practicing the so-called small laboratory tests.
• Participation in medical consultation, especially if it is about their patient.
• Participation in the meetings of the institution.
• On-call service.
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1. STUDENT DETAILS
   Neptun ID\(^{(1)}\): Xxxxxx
   Name*: JOHN SMITH
   Place and date of birth*: Canada, Quebec, 24 May 1991

2. DETAILS OF THE STATE-RECOGNIZED INSTITUTION PROVIDING THE PRACTICE PLACEMENT
   Name*: Sahlgrenska University Hospital
   Full address*: Sahlgrenska Universitetssjukhuset, 413 45 Göteborg, Sweden
   Web address: https://www.sahlgrenska.se/

DETAILS OF THE STATE ACCREDITATION DOCUMENT
   Number*: Xxxxxx
   Date of accreditation*: 15 May 2001

As the authorized representative of the above-named accredited Institution providing the practice placement, I hereby declare that the data included in this document are true and correct in every respect.

I hereby declare that our Institution is able to ensure the acquirement of the skills in the field of Internal Medicine as defined in the syllabus attached.

Name* (capital letters): PROFESSOR FIRSTNAME LASTNAME
Title / Position*: Head of Department of Internal Medicine
Organizational unit: Some Clinic
Date*: 1 March 2022

Institution stamp
Place of the stamp
Signature*

Comments: * = Required fields;
\(^{(1)}\) = Neptun is a student registration system, and Neptun ID is the student’s individual code at Semmelweis University;