

REPUBLIC OF KENYA

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MEDICAL PRACTITIONERS
 AND DENTISTS COUNCIL
 KMPDC HOUSE,
 WOODLANDS RD, OFF LENANA ROAD
 P.O BOX 44839- 00100, NAIROBI

INTERNSHIP ASSESSMENT FORM MEDICINE/DENTISTRY

Names----- License No ----- Internship Licence No -----

Internship Centre-----Discipline-----

Period of Rotation

From.....To.....

GRADE: A-Very Good B-Good C- Satisfactory D –Unsatisfactory

N/B: Where the grading shall be for scale **D** above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	REMARKS
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
Participation in CPD		
II. CLINICAL SKILLS		
History Taking		
Clinical examination		
Interpretation of laboratory Data and X-Ray findings		
Patient notes		
Use of drugs		
Patient Management		
III. PROFESSIONAL CONDUCT		
(a) To patients		
(b) To seniors, colleagues and other health workers		
(c) To public		
(d) Punctuality & availability		

A) OVERALL ASSESSMENT BY THE SUPERVISOR

Name -----Qualification-----Reg. No. -----

Signature.....Date.....

B) RECOMMENDATIONS BY THE INTERN COORDINATOR

Name -----Qualification-----Reg. No. -----

Signature.....Date.....

C) HOSPITAL DIRECTOR/MEDICAL SUPERINTENDENT

I certify that the above named officer was engaged in full-time training employment in the discipline specified above, in accordance with Section II of Cap 253 and is hereby recommended/not recommended for registration *(delete if not applicable)*

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QUALIFICATIONS-----REG. NO.-----

NAME-----Signature-----Date-----

Official Stamp-----

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