**Hong Kong College of Paediatricians**

**Paediatric Respiratory Medicine Subspecialty Training**

**LOG OF CLINICAL CASES**

**( Ambulatory Care/Inpatient/Lung function/Bronchoscopy/Sleep/ICU)#**

**#please delete as appropriate**

**Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Center : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start date (dd/mm/yy) : \_\_\_\_\_\_\_\_\_\_\_\_ End date( dd/mm/yy) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **No** | **Date** | **Initial of patient** | **Diagnosis** |
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*\*Continue to log/attach log sheets as needed*

**Endorsemen**t ( by Trainer/Supervisor at end of rotation or at least every six months)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Trainer or Supervisor:*** |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |