

Matr.Nr.: 1625683

CLERKSHIP CERTIFICATE

This is to certify, that

Mr/Mrs YU-AN WANG
First name Last name

born 10 / 27 / 1992
month day year

participated in a clerkship

from 10 / 03 / 2016
month day year

to 10 / 30 / 2016
month day year

at: Hospital: AKH

Department: Plastic Surgery

Town: Vienna

State: Austria

The student was trained in the following clinical skills:

- taking the medical history
- physical examination
- drawing blood from peripheral veins
- i.m. & s.c. injections
- others:

ASSISTING & OBSERVING IN OPS

The student completed the clerkship with / without success.

Additional remarks:

Supervising physician:

16/11/2016
Date, name, and signature

CHJ
Date, name, and signature



Seal

Head of department:

17/11/16
Date, name, and signature

CLERKSHIP CERTIFICATE

This is to certify, that

Mr/Mrs YU-AN, WANG
First name Last name

born 10 / 27 / 1992
month day year

participated in a clerkship

from 11 / 2 / 2016
month day year

to 11 / 24 / 2016
month day year

at: Hospital: AKH

Department: Transplantation

Town: Vienna

State: Austria

The student was trained in the following clinical skills:

- taking the medical history
- physical examination
- drawing blood from peripheral veins
- i.m. & s.c. injections
- others:

assisting in the OR for transplantations

The student completed the clerkship with / ~~without~~ success.

Additional remarks:

Student was highly motivated and showed great interest in the field of TX

Supervising physician:

22.11.16 Prof. Josef Humar
Date, name, and signature

Head of department:

24.11.16
Date, name, and signature

