

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Nikita Shah  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 551161



**Please tick grade for each domain**

Above Expectations  Meets Expectation  Borderline  Below Expectations  Unable to Comment		<p><b>Clinical Skills</b>                  Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study?  <i>Comment:</i></p>															
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Yes	Borderline	No															

**Continued overleaf**

**Please comment on the student's strengths:**

**Please comment on suggested areas of improvement:**

**If unable to comment on any domains, please give reasons below:**

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Naveen Sidhu  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 552592



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr. Kishan Tailor  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 549805



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Alison Toczek  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 510880



**Please tick grade for each domain**

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Below Expectations	<input type="checkbox"/>		



## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Kani Varshneya  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 553212



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Miss Laura Wilkinson  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 508426



**Please tick grade for each domain**

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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr. Alexander Ci Yao  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 28 January 2013 to 15 February 2013

**CID:** 554761



**Please tick grade for each domain**

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