

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

**Student Name:** Mr Marc MacMillan  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 553623



**Please tick grade for each domain**

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

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**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:**

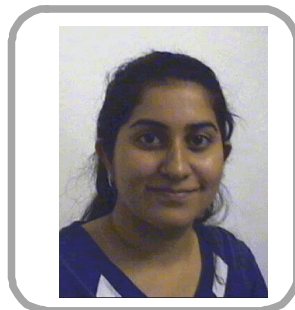
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Miss Krsna Mahbubani  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 549617



**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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Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Mr. Alexander McFarquhar  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 643840



**Please tick grade for each domain**

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**Continued overleaf**

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

**Student Name:** Mr Mark Mikhail  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 511917



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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



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

**Student Name:** Miss Sarah Lindsay Morton  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 548992



**Please tick grade for each domain**

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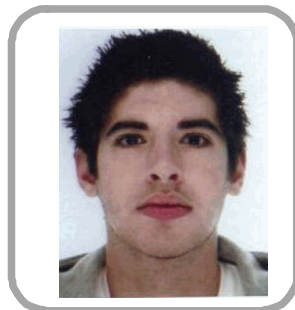
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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Thomas Hedley Newman  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 554112



**Please tick grade for each domain**

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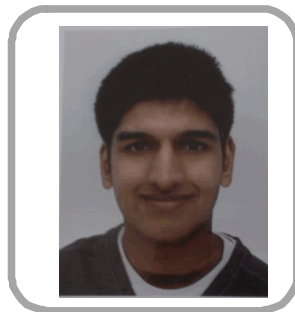
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## Year 5 GUM/Infectious Diseases/HIV Assessment Form

**Student Name:** Mr Aaron Odedra  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 549510



**Please tick grade for each domain**

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

**Student Name:** Mr. Andrew Kofi Bandoh Owusu-Agyei

**CID:** 549265

**Attachment:** GUM/HIV/ID

**Hospital:** Northwick Park Hospital

**Date:** 20 August 2012 to 7 September 2012



**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 Harsita Patel  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 554073



**Please tick grade for each domain**

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

**Student Name:** Miss Nishal Hitesh Patel  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 555713



**Please tick grade for each domain**

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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.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
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 Rushan L G Perera  
**Attachment:** GUM/HIV/ID  
**Hospital:** St Mary's Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 552005



**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																

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Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
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 Kajann Prathapan  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 454729



**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:**

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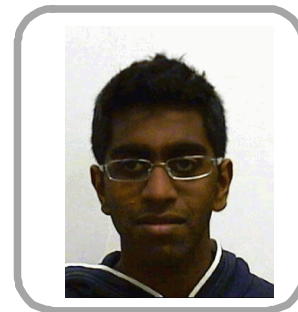
Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



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

**Student Name:** Mr Matthew Iynkaran Rajan  
**Attachment:** GUM/HIV/ID  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 549086



**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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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Miss Sarrah Raveendran  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 30 July 2012 to 17 August 2012

**CID:** 549730



**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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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

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

**Student Name:** Mr Matthew Routledge  
**Attachment:** GUM/HIV/ID  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 7 September 2012

**CID:** 555773



**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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