



DEPARTMENT OF ALLIED AND HEALTHCARE

**STUDENTSHIP/ INTERNSHIP
LOGBOOK**



Name of Student:

Enrollment no:

Program:

Semester:

Topic:

Signature (External)

Signature (Internal)



DEPARTMENT OF ALLIED AND HEALTHCARE

Bachelor in Medical Radiology and Imaging Technology (BMRIT)

STUDENTSHIP/ INTERNSHIP LOGBOOK (INDEX)

[illegible]



DEPARTMENT OF ALLIED AND HEALTHCARE

Bachelor in Medical Radiology and Imaging Technology (BMRIT)

STUDENTSHIP/ INTERNSHIP LOGBOOK RECORD FORMAT

Case No.:

Date:

1. Student Details Name of Student: Semester:
2. Case Identification Case Title: Investigation Procedure Date: Date of Discharge: Hospital Name: Department:
3. Patient Information (Maintain confidentiality) Patient ID / Initials: Age / Sex: Clinical History:
4. Patient's Complaint
5. Provisional / Clinical Diagnosis
6. Radiological Investigation Modality Used: X-ray / CT Scan / MRI / Ultrasound / Others Region Examined: Technique / Views Taken:
7. Radiological Findings
8. Procedure / Intervention Type of Procedure: Role of Radiology:
9. Outcome of the Case

10. Complications (if any)
11. Learning Points
12. Safety Measures Followed
13. Student's Reflection / Experience
14. Supervisor's/ Faculty's Remarks

Student Signature

Date:

Supervisor/ Faculty's Signature

Designation:

Date: