



John F Kennedy University School of Medicine

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Clinical Evaluation Form

Student/Clinical Information

Student Name	Muhammad Waqas	Hospital/Clinic	Man Mohan Hospital
Rotation name	OBS/GYN/AE	Rotation starting date	19 th March, 2023
Perceptor's Full name	Dr. Meenu Savol	Rotation end date	28 th April, 2023
Address	Kathmandu, NEPAL	Phone number	

Evaluation Chart

	1 - Poor	2 - Fair	3 - Satisfactory	4 - Good	5 - Excellent
Fund of knowledge (Basic science)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient Interaction (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Team Participation (Fellow students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relationship with Faculty and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interpretation of Lab test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Initiative/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Handling of Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Information

Has the student completed any other rotation with the Perceptor? If yes, which?

No

What do you consider to be the student's most outstanding skills or talents?

Communication Skill, Team-Player

What do you consider to be the student's weaknesses and skills needing improvement?

More Confidence

Please characterize this student as a potential physician. Give details and specific examples if possible.

Knowledge, caring

Degree of confidence:

Very Confident

Fairly Confident

Not confident at all

Student's Attendance Record:

96-100%

90-95%

Less than 90%

Do you recommend this student for Honors? If yes, please indicate basis for honors and describe projects (if any)

Yes

Student's Grade:

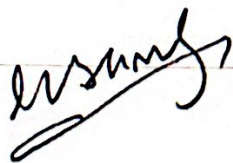
H- Honors

P-Pass

F-Failed

Signature

Perceptor's Signature



Date

28th April, 2023