Physician Shadowing MUN MedCAREERS Faculty of Medicine



2019-20 Attendance Form

Total hours shadowed: _____

Student Name:			Class of 2	023 Class of 2022
Dear Doctor:				
learn about t hours spent s Students will		es in medicine. We vides a significant ours spent shadow	e encourage stude piece in their CaF	
Date	# Hours	Physician (print)	Specialty	Physician Signature

Students: Please submit a copy to the Student Affairs Office by the end of June. Keep the original for your records as you prepare for CaRMS.