

**Anesthesiology 5th year / 6-year program  
CLINICAL ROTATION**

NAME.....

SURNAME.....

<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Signature</b>

**PRACTICAL TRAINING IN RESUSCITATION**

<b>Data, hour</b> Multiple choice test	<b>Signature</b>