Student Elective Report

Name	
Medical School	
Email (optional)	

Country visited	
City or town	
Hospital/unit/clinic	
Dates visited	
Supervising doctor	
Contact details of your host:	

Please give an overview of what you saw / did (200 words max)	
What were the best things about the visit? (120 words max)	

What problems did you encounter? (120 words max)	