## EVIDENCE DOCHÁZKY

 **Jméno studenta: ……………………………………………………………………………………………………**

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| Datum | Semestr | Počet hodin | Poskytovatel zdravotních služebPracoviště | Razítko a podpis školitele/mentora |
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**Podpis studenta: ……..…………………………………………………………………………………………………………………..**