

MASARYKOVA UNIVERZITA V BRNĚ

Lékařská fakulta/Medical School

I. neurologická klinika, Fakultní nemocnice u sv. Anny v Brně

Attendance list - Neurology – General Medicine (VL-A)

Surname and given name:

Identification number (UČO):

E-mail or phone number: _____

WEEK 1

1. Propedeutics in neurology Date and teacher's signature: Diagnosis in neurology. History in neurology. Reflexes. Lower and upper motor neuron lesion. Cranial nerves examination. Bedside examination of cognitive functions.	
2. Propedeutics in neurology Date and teacher's signature: Cerebellar examination. Examination and phenomenology in movement disorders Examination of somatosensory system. Meningeal signs. Examination of spinal column. Examination of comatous patient.	
3. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule. Doctor's stamp:	Workshop Date and teacher signature:
4. Morning clinical round at an in-patient or out-patient ward of the department. According to a schedule. Doctor's stamp:	Workshop Date and teacher's signature:
5. Morning clinical round- at an in-patient or out-patient ward of department. According to a schedule. Doctor's stamp:	Workshop Date and teacher's signature:

WEEK 2

6. Stay at the Department of Children Neurology.. Neurological diseases in children (<u>KDN – DFN FNB- Children's hospital</u>) Date and teacher's signature:
7. Stay at the Department of Children Neurology. Neurological diseases in children (<u>KDN – DFN FNB - Children's hospital</u>) Date and teacher's signature:

<p>8. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule.</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>9. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule.</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>10. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule.</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>

WEEK 3

<p>11. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>12. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>13. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>14. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>15. Graded credit, neurological examination: Questions: 1. 2. 3.</p>	<p>Date:</p> <p>Grade- credit: Teacher's signature:</p>

Oral exam from Neurology.

Questions:

- 1.
- 2.
- 3.

Date:

Final grade:

Teacher's signature: