

Clinical Planner

	ASSIGNED CLINICAL AREA	ASSIGNMENT	DUE DATE
M			
T			
W			
T			
F			

	Clinical Checklist:		
	Stethoscope	Penlight	
	Blood pressure cuff	Bandage Scissors	
	Pen/Notepad	Drug book	
	Name Tag		

CLINICAL GOAL(S):

PRE-CLINICAL ASSIGNMENT(S):

POST-CLINICAL ASSIGNMENT(S):

NOTES
