



Studentevaluering

Studentens namn

Kursort

Skrivning **G/IG**

Pretest%

Posttest%

Praktiskt prov **G/IG**

Initial Assessment & Management

Stationer **G/IG**

Airway

Breathing

Circulation

Disability

Secondary survey

Team training

Triage

Instruktörspotential **Ja/Nej**

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Datum Kursledare