

DIRECT OBSERVATION OF CORE CLINICAL SKILLS (DOCCS) VERIFICATION FORM

Clerkship: _____

Rotation (dates): _____

By signing this sheet and checking the boxes a rotating student acknowledges that he or she was directly observed by an attending physician or faculty member to, (1) take a patient history, and (2) perform on a patient physical examinations relevant to this clerkship.

The Clerkship Director's signature at the bottom of the listing verifies that all students in this rotation are accounted for on the completed form.

Student's name	Student Signature	History (✓)	Physical exams (✓)	Printed Name(s) of Attending MD Performing the DOCCS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Student's name	Student Signature	History (✓)	Physical exams (✓)	Printed Name(s) of Attending MD Performing the DOCCS
13				
14				
15				
16				
17				
18				
19				
20				

Clerkship Director's Signature: _____

Date: _____

Clerkship Directors are responsible for submitting completed verification forms to the Division of Medical Education. A record of completion will be requested by the Curriculum Committee as a requirement for periodic review of all 3rd year Clerkships.