

Health Career Institute
 Paramedic Clinical Log
 Only Use this form for Hospital Clinical
 5 -6-5 Clinicals Per Semester

The Instructor must sign this form or you will not get credit for these days: NO EXCEPTIONS

Student Name: _____

Paramedic Class# _____

#	Date	Hospital	Time In	Time Out	Total Hours	Student Signature	Preceptor / Instructor Signature / Badge #	# of Reports
1								
2								
3								
4								
5								
1								
2								
3								
4								
5								
6								
1								
2								
3								
4								
5								

- Instructions: 1. MAKE A COPY FOR YOUR RECORDS
 2. Submit completed copy with paperwork prior to each clinical