



## **Training Log**

### **MGD Part II Examination – Mock Clinic Visitation**

Name of Mentor: .....

Name of Trainee: .....

Trainee No.: .....

This is to certify that the Trainee has presented his / her clinic setting on  
..... / ..... / 2020 and advice was given according to the 'MGD  
Examination – Clinic Checklist'.

Signature of Mentor

\_\_\_\_\_

Date: ..... / ..... / 2020