

Training Log

MGD Part I Examination – Logs of Clinical Experience

Name of Mentor:		
Name of Trainee:		
Trainee No.:		
This is to certify that the Trainee has presented his / her Logs of Clinical		
Experience on		
/ / 2016	Case History 1 -	Red
/ / 2016	Case History 2 -	Blue
/ / 2016	Case History 3 -	Green
/ / 2016	Case History 4 -	Black
and advice was given according to 'A Candidate Guide to MGD Examination'		
Signature of Mentor		
Date: / //	2016	