

**Name of The University
Medical Dosimetry
Program**

Clinical Hours Log

Student Name:

Monday, Date:

Time Record	Dosimetrist Name & Initials	
IN:		
LUNCH OUT:		
LUNCH IN:		
OUT:		

Tuesday, Date:

Time Record	Dosimetrist Name & Initials	
IN:		
LUNCH OUT:		
LUNCH IN:		
OUT:		

Wednesday, Date:

Time Record	Dosimetrist Name & Initials	
IN:		
LUNCH OUT:		
LUNCH IN:		
OUT:		

Thursday, Date:

Time Record	Dosimetrist Name & Initials	
IN:		
LUNCH OUT:		
LUNCH IN:		
OUT:		

Friday, Date:

Time Record	Dosimetrist Name & Initials	
IN:		
LUNCH OUT:		
LUNCH IN:		
OUT:		