



Nursing Student Assignment Sheet

School: _____

Clinical Instructor: _____ Contact Number: _____

Date _____ Time on Unit _____ Time Leaving Unit _____

Responsibilities

Comments

Student: Patient/ Room #	<input type="checkbox"/> Bath <input type="checkbox"/> Bed <input type="checkbox"/> Oral Meds <input type="checkbox"/> Documentation	<input type="checkbox"/> Personal care <input type="checkbox"/> Assessment <input type="checkbox"/> Treatments <input type="checkbox"/> Ambulation	
Student: Patient/ Room #	<input type="checkbox"/> Bath <input type="checkbox"/> Bed <input type="checkbox"/> Oral Meds <input type="checkbox"/> Documentation	<input type="checkbox"/> Personal care <input type="checkbox"/> Assessment <input type="checkbox"/> Treatments <input type="checkbox"/> Ambulation	
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