Surgery Observation Record

________________________________ observed for _______ hours at

(PT Student)

________________________________________

(site or hospital)

Procedure(s) observed:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

(Signature and title of surgery staff)

Date: ______________________________

Return to: Stacy Craig
Department of Physical Therapy
801 Clark Hall
University of Missouri
Columbia, MO 65211