

HONG KONG COLLEGE OF FAMILY PHYSICIANS  
EXIT EXAMINATION OF  
VOCATIONAL TRAINING IN FAMILY MEDICINE

Clinical Audit Report

Certification by Clinical Supervisor

I hereby certify that this clinical audit is the original work of

Dr. \_\_\_\_\_ and the audit topic have not  
been done in the practice in the preceding 5 years, and I have read  
through the original data of this audit.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_