



Call Sign-off Sheet

Psych 720

Student Name _____

Call Location (*circle one*):

OHSU

VAMC

I was on PSY 720 call on the following six dates: (Please indicate which two were weekends by marking with a *):

Date:

(required for all students)

Resident signature:

(required for all students)

Night Float Resident Signature:

(required for OHSU call only)

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

3. _____

3. _____

3. _____

4. _____

4. _____

4. _____

5. _____

5. _____

5. _____

6. _____

6. _____

6. _____

Any Monday thru Thursday call nights must have the signature of BOTH the ward resident on call and the night float resident. If the night float resident signature is missing it will be assumed that the student went home early and did not complete the call night.

Please submit to the Medical Student Coordinator on or before the Friday of the final exam. This form must be completed and signed by a resident or attending. Grades will not be released if there are any signatures missing.