

# **Disclaimer**

I understand that this is a random sampling assessment and the medical records will only be used by Trainee's Clinical Supervisor in higher training or a cross cluster supervisor or PA examiner (if necessary) appointed by the Hong Kong College of Family Physicians (HKCFP) for assessment.

All patients' personal information will be kept strictly confidential. The medical records will be destroyed after completion of the vocational training process.

I agree to disclose my contact details to the trainee.

Name of Assessors: \_\_\_\_\_  
(Block Letter)

Trainee: \_\_\_\_\_

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

1<sup>st</sup> / 2<sup>nd</sup> assessment:  
Period Assessed: week from \_\_\_\_\_

Date of assessment: \_\_\_\_\_

***Note: Please make enough copies for your assessment.***