



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

GDFM TUTORIAL ATTENDANCE RECORD

Intake 2008 - 2010 Group ____

Organization	College of Family Physicians Singapore
Event Title	GDFM Tutorial for Module ____
Venue	
Date	
Time (Duration)	

SN	TUTORS – Name in full	MCR number	Signature
1			
2			
3			

SN	TRAINEES – Name in full	MCR number	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

* **NOTE** : (eg Reasons for Absent, feedback)

This attendance record should be posted/faxed (6222 0204) by the tutor **within 2 weeks** upon completion of tutorial to :

The Administrator, GDFM
College of Family Physicians Singapore
16 College Road #01-02 College of Medicine Building
Singapore 169854