Nursing Student Assignment Sheet

Date:_____ School:_____

Instructor:_____ Instructor Contact Number:_____

Time on Unit:_____ Time Leaving Unit:_____

Student/Patient /Room#	Clinical Focus Areas (please circle tasks the student will be expected to perform)	Comments (Please specify any specific focus the student might have)
	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
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	Bath Personal Care Bed Ambulation Treatments Oral Meds IM Meds IV Meds	
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