



**FACULTY OF HEALTH SCIENCES  
DEPARTMENT OF MEDICAL IMAGING AND RADIATION SCIENCES  
Confirmation of Departmental Attendance**

**Kindly note that by completing this form, does not imply that you have secured a clinical placement.**

Name of hospital/ clinic attended: \_\_\_\_\_

I hear by confirm that the following student:

\_\_\_\_\_  
(Students name, surname & ID number)

Has spent \_\_\_\_\_ hours at the above mentioned practice / hospital.

During the visit the student has experienced the following procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am satisfied that the student has a general idea of what diagnostic/therapy radiography entails.

Name of responsible radiographer \_\_\_\_\_  
(Signature)

Name of student: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Department stamp & date)