# RELATÓRIO ESTÁGIO EXTRACURRICULAR

**Identificação:**

|  |  |
| --- | --- |
| Aluno: | |
| Curso: Medicina | |
| Telefone: | E-mail: |

**Estágio:**

|  |  |  |
| --- | --- | --- |
| Local: | | |
| Período: / / a / / | | Carga Horária Total: horas. |
| Profissional responsável pelo acompanhamento da atividade: | | |
| Fone para contato: | E-mail: | |

Relato das atividades desenvolvidas: (preenchimento pelo aluno)

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Avaliação do estudante referente à contribuição das atividades desenvolvidas e do serviço para sua formação acadêmica: (preenchimento pelo aluno)

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Avaliação do profissional responsável pelo acompanhamento do aluno sobre o desenvolvimento das atividades.

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Data / / .

Assinatura e carimbo do Médico que acompanhou o estágio

Assinatura do Estagiário

M O D E L O

\*Solicitar a declaração em papel timbrado com assinatura e carimbo do responsável do Representante legal da Instituição onde foi realizado o estágio

**DECLARAÇÃO**

Declaro para os devidos fins que o aluno

realizou Estágio Extracurricular na área de , no (a) (instituição) , sob minha supervisão. As atividades foram desenvolvidas no período de

/ / a / / , totalizando uma carga horária de h.

Assinatura e Carimbo do Representante legal

da Instituição

**ATENÇÃO!!**

**ANEXAR FOLHA DE REGISTRO DE FREQÊNCIA RESPEITANDO O MODELO EM ANEXO**