

ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA

Locum Log

Name of Candidate: _____

DFM / ATFM Intake _____

Place of Practice: _____

Employer's name: _____

Month /Year (mm/yy): _____

Day/Date	Time (morning)	Time(afternoon)	Time (eve/night)	*Total hours
Eg Fri 1/1				

Total hours
= _____

We declare the above information is true.

.....

Candidate's signature

Name:

Date:

Clinic Practice Stamp:

*do not include break/rest hours

.....

Employer's signature

Name:

Date: