



# Resident Rotation Questionnaire

In order for us to better prepare for your upcoming rotation, and learn more about your medical and personal interests, please provide answers to the following questions:

1. Are there any specific goals you have established for this rotation for which we may be able to provide assistance?
2. Are there any specific procedures and/or diagnoses about which you are hoping to gain more experience during this rotation?
3. Are there any scheduling conflicts we should know about?
4. Do you need housing?
5. Is there someone who will be staying with or visiting you who may wish to tour the facility and/or community?
6. What are some of your interests and hobbies?
7. Would you be interested in learning about and/or participating in activities in our community which relate to your interests and hobbies?

Upon receiving answers to the above questions, we will compile a schedule for you, and send you a welcome email with more information about the clinic, the area, and, of course, your schedule. Additionally, prior to your rotation we require the following:

**Immunization Records including TB Skin Test Results**

**OTHER REQUIREMENTS**

Please provide this documentation no later than DAY, MONTH DATE, in order to expedite the process, as this information must be reviewed by our employee health nurse prior to your rotation.