**Clinical/Field Visit Log**

**CoAEMSP Program Number**:

**Paramedic Sponsor/Program Name**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical/Field Site** | **Date Visited** | **Coordinator or Adjunct Name** | **Unit(s) Visited** | **Individuals Visited** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 [NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing “tab”.]