



UNIVERSITY OF SANTO TOMAS COLLEGE OF NURSING  
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Accredited by PACUCOA, Level IV Accredited Status

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ODC Form 2 B  
OR Scrub Form Minor



SURGICAL SCRUB in \_\_\_\_\_  
Hospital, Municipality/ City/ Province

PREPARED BY:

Printed Name and Signature of Student \_\_\_\_\_

DATE PERFORMED AND TIME STARTED	Patient's INITIAL Only	SURGICAL PROCEDURE PERFORMED	O.R. NURSE ON DUTY Name and Signature	SUPERVISED BY Clinical Instructor Name and Signature
	CASE NUMBER			

Noted by: \_\_\_\_\_  
(Print Name and Signature)

Approved by: \_\_\_\_\_  
(Print Name and Signature)

Clinical Coordinator, PRC I.D. No. \_\_\_\_\_ Valid Until: \_\_\_\_\_

Dean, PRC I.D. No. \_\_\_\_\_ Valid Until: \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_

Date document is signed: \_\_\_\_\_ Time: \_\_\_\_\_

Please specify Highest Nursing Degree Earned: \_\_\_\_\_

Specify Highest Nursing Degree Earned: \_\_\_\_\_

(STRICTLY NO DESIGNATES)