



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

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ODC Form 1 A
Actual Delivery Form



ACTUAL DELIVERY in _____
Hospital/Home/Lying-in Clinic, Municipality/City/Province

PREPARED BY:

Printed Name and Signature of Student _____

DATE AND TIME	Patient's INITIAL Only	PROCEDURE PERFORMED	D.R. NURSE ON DUTY <i>Name and Signature (If Midwife on Duty, Signature NOT Required)</i>	SUPERVISED BY <i>Clinical Instructor Name and Signature</i>
	CASE NUMBER <i>(not applicable for Birthing/Lying-In Clinics/Home)</i>			

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)