



**Department of Obstetrics and Gynaecology  
Grand Rounds Sign-in Sheet**

PLEASE USE THIS FORM ONLY IF YOUR SITE DOES NOT HAVE A SIGN-IN SHEET AVAILABLE.

**FOR PHYSICIANS ONLY**

**Host Site:**    *BCW*            *SPH*            *DHCC*            (*circle appropriate one*)  
**Title:**  
**Date:**

<i>Department Member (please print)</i>	<i>Signature</i>

**Please fax completed sign-in sheet to: 604 875 3864**