



**MAX KADE CLINICAL CLERKSHIP IN THE UNITED STATES**  
**FINAL REPORT FORM FOR AUSTRIAN STUDENTS**

**INSTRUCTIONS FOR PREPARING THIS REPORT**

- **Prior to departure** from the USA, each fellow is required to send a final report to the Executive Director of the American Austrian Foundation at: [max.kade@americanaustrianfoundation.org](mailto:max.kade@americanaustrianfoundation.org)
- The length of the report should be at least **1,5 pages**

**PERSONAL INFORMATION**

<b>First / Last Name:</b>			
<b>Date &amp; Place of Birth:</b>		<b>Gender:</b>	Female Male
<b>Address: (Street, City, Zip Code, Country)</b>			
<b>Phone (Mobile):</b>			
<b>E-mail:</b> please also provide us with your personal email, so we can still contact you after graduating from Medical School			

**CLERKSHIP INFORMATION**

<b>Rotation Dates in the US:</b>	
<b>Host Institution and Host Department:</b>	
<b>Mentor:</b>	

**On a separate sheet of paper, please address the following questions fully and in the order in which they appear below.**

- 1. Activities Undertaken:**  
Briefly summarize your daily activities.
- 2. Problems:**  
What problems did you encounter during the fellowship and how did they affect your original plans?
- 3. Recommendations:**  
What suggestions or recommendations do you have to improve the operation or administration of the Max Kade / AAF Clinical Clerkship Program?
- 4. Influence on Thinking:**  
In what ways, if any, has your thinking been influenced by your experiences during this fellowship? Please explain. Describe any new perspectives you have encountered as a result of the fellowship.
- 5. Fellowship Experience:**  
How has this fellowship broadened your knowledge of American medicine and culture?  
How do you think this experience will influence your professional life?
- 6. Recommendations for future Max Kade students:**  
Please address the following points:
  - **Housing** (Where did you live during your stay? How did you find it? How much was it?)
  - **Recommendations** (What suggestions or recommendations do you have for future Max Kade students (hospital, leisure time, etc.)?)
  - **Other** (Is there any other vital information you would like to share with future Max Kade students?)



**DATA USE:**

**AS WE ARE KEEN ON SUPPORTING OUR MAX KADE STUDENTS WHEREVER WE CAN, WE WOULD APPRECIATE IF YOU GAVE US YOUR CONSENT TO SHARE YOUR FINAL REPORTS ON OUR WEBSITE.**

The AAF has my consent to upload my final report onto the AAF website without disclosing any personal data.

**yes**

**no**

By submitting my final report, I hereby agree that

1. My personal data as stated above as well as photographs taken during the ongoing program may be used for managing the programs of the AAF according to the General Data Protection Regulation of the European Union as well as its correspondent legislation in the United States of America, respectively.
2. I give my consent that these data may be stored both electronically and on paper for as long as is necessary for the correct management of OMI medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (150 East 42nd Street, 28th Floor, New York, NY 10017, USA), the Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria), Verein der Freunde der AAF (Arenbergstraße 10, 5020 Salzburg, Austria) and the Max Kade Foundation (6 E 87th St, New York, NY 10128, USA). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law, I may request to provide an explanation or claim my data to be blocked, corrected, supplemented or altogether destroyed.  
Details to our policies can be found at [www.aaf-online.org/privacy](http://www.aaf-online.org/privacy)

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**Date**

**Signature**