



Medical Examination Report for Trainees

Personal data					
Name:- Abdullah Essam Almehmadi		Male <input checked="" type="checkbox"/>	Nationality:- Saudi	Birth Date:- 16-09-1996	
Female <input type="checkbox"/>		Issue Date:-		Mobile number:- 0506102019	
Iqama No / ID. No:- 1112990237		Place Of Issue:- Makkah			
Specialty: - Adult Critical Care Medicine		Training department: - Intensive Care Department			
Trainee Category: -		Type Of Training: - Saudi Board Residency Program		Training Period:- Five Years	
Fellowship <input type="checkbox"/> General <input checked="" type="checkbox"/> Diploma <input type="checkbox"/>					
Laboratory Tests		Negative	Positive	Clinical Examination	Sound
Hepatitis B surface antigen (HBsAg)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chest X-ray findings	<input type="checkbox"/>
Hepatitis B surface antibody (HBsAb) titers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Examinations of dermatologists and venereologists	<input type="checkbox"/>
Hepatitis C virus antibody (HCVAb)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disease	<input type="checkbox"/>
Human immunodeficiency Virus 1&2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input type="checkbox"/>
Measles antibody (Ig G)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Examination of the eyes	<input type="checkbox"/>
Varicella Zoster antibody (VZVAb-Ig G)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Examination of the Ears	<input type="checkbox"/>
Urine examination		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blood pressure reading	<input type="checkbox"/>
Malaria Screening		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>
Tuberculin Skin Test (PPD) Result in millimeters 72hr		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disease	<input type="checkbox"/>
Blood Test		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Vaccinations		YES	NO	Date	
MMR vaccine (if measles antibody not positive)		<input type="checkbox"/>	<input type="checkbox"/>		
Meningitis ACWY vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Influenza vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hepatitis B vaccine		<input type="checkbox"/>	<input type="checkbox"/>		
Covid-19 vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Additional Screening					
(1)		Result			
(2)		Result			

Final Result: Fit for training ☒ Not fit training ☐

Examining Date: 25-9-2024

Notes:

Sponsoring Institution:

Responsible Physician

Name: Fahad Alruwaili

Signature:

Date: 25-9-2024

مدير مركز التخصص الطبي الشامل
بالقائمة المقدسية
عبدالله بن عزيز المالكي

OFFICIAL STAMP

Dr. Fahad Khulaif Alruwaili
Comprehensive Medical Check-up Center
Public Health and Preventive Medicine