Picture
الصورة

وزارة الصحة
Ministry of Health

التجمع الصحي
مكة المكرمة
Makkah Healthcare Cluster

١٩٢١
٢٠٢٢-١٢-١١
٢٩ سنة

Medical Examination Report for Trainees

Personal data			
Name:- Rakan Hamed Hamowah	Male ☑ Female ☐	Nationality:- Saudi	Birth Date:- 5/9/1995
Iqama No / ID. No:- 1091639151	Place Of Issue:- Makkah	Issue Date:- —	Mobile number:- 0553644374
Specialty: - Internal Medicine - Hematology	Training department: - Hematology		
Trainee Category: - Fellowship ☑ General ☐ Diploma ☐	Type Of Training: - fellow	Training Period:- 1/1/2025 TO 31/12/2027	

Laboratory Tests	Negative	Positive	Clinical Examination	Sound	Improper
Hepatitis B surface antigen (HBsAg)	☐	☐	Chest X-ray findings	☑	☐
Hepatitis B surface antibody (HBSAb) titers	☐	☐	Examinations of dermatologists and venereologists	☑	☐
Hepatitis C virus antibody (HCVAb)	☐	☐	Psychiatric Disease	☑	☐
Human immunodeficiency Virus 1&2	☐	☐	Neurological Disease	☑	☐
Measles antibody (Ig G)	☐	☑	Examination of the eyes	☑	☐
Varicella Zoster antibody (VZVAb-Ig G)	☐	☑	Examination of the Ears	☑	☐
Urine examination	☑	☐	Blood pressure reading	☑	☐
Malaria Screening	☑	☐	Extremities	☑	☐
Tuberculin Skin Test (PPD) Result in millimeters 72hr	☑	☐	Musculoskeletal Disease	☑	☐
Blood Test	☐	☑	B		

Vaccinations	YES	NO	Date
MMR vaccine (if measles antibody not positive)	☐	☐	Immune
Meningitis ACWY vaccine	☑	☐	
Influenza vaccine	☑	☐	
Hepatitis Bvaccine	☐	☐	Immune
Covid-19 vaccine	☑	☐	

Negative
Immune 39.6 IU/L
Negative

Additional Screening

(1) ..... Result .....

(2) ..... Result .....

Final Result: Fit for training ☑ Not fit training ☐

Examining Date: .....

Notes: .....

Sponsoring Institution: .....

2402 10 31146
تجمع مكة المكرمة الصحي
Makkah Health Cluster
مركز الفحص الطبي الشامل
Environmental Health Management
الإدارة التنفيذية للطب العام والطب الوقائي
Executive Administration of Public Health and Preventive Medicine

Responsible Physician

Name: .....

Signature: .....

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

Date: .....

OFFICAL STAMP