



Medical Examination Report for Trainees

١٩٢١  
٢٠٢٤-١٢-١١  
سنة ٢٩

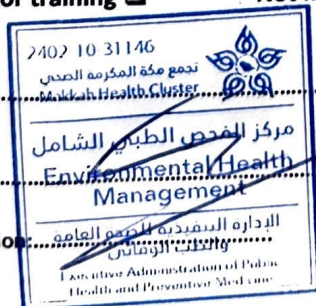
|                                                                                                                                        |                                          |                                         |                                                 |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------------------|
| Personal data                                                                                                                          |                                          |                                         |                                                 |                                                   |
| Name:- <u>Rakan Hamed Hamowach</u>                                                                                                     | Male <input checked="" type="checkbox"/> | Nationality:- <u>saudi</u>              | Birth Date:- <u>9/9/1995</u>                    |                                                   |
| Iqama No / ID. No:- <u>1091639151</u>                                                                                                  | Female <input type="checkbox"/>          | Place Of Issue:- <u>Makkah</u>          | Issue Date:- <u>—</u>                           | Mobile number:- <u>0553644374</u>                 |
| Specialty:- <u>Internal Medicine - Hematology</u>                                                                                      |                                          | Training department:- <u>Hematology</u> |                                                 |                                                   |
| Trainee Category:-<br>Fellowship <input checked="" type="checkbox"/> General <input type="checkbox"/> Diploma <input type="checkbox"/> |                                          | Type Of Training:- <u>fellow</u>        | Training Period:- <u>1/1/2025 to 31/12/2027</u> |                                                   |
| Laboratory Tests                                                                                                                       |                                          | Negative                                | Positive                                        | Clinical Examination                              |
| Hepatitis B surface antigen (HBsAg)                                                                                                    |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Chest X-ray findings                              |
| Hepatitis B surface antibody (HBsAb) titers                                                                                            |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Examinations of dermatologists and venereologists |
| Hepatitis C virus antibody (HCVAb)                                                                                                     |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Psychiatric Disease                               |
| Human immunodeficiency Virus 1&2                                                                                                       |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Neurological Disease                              |
| Measles antibody (Ig G)                                                                                                                |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Examination of the eyes                           |
| Varicella Zoster antibody (VZVAb-Ig G)                                                                                                 |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Examination of the Ears                           |
| Urine examination                                                                                                                      |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Blood pressure reading                            |
| Malaria Screening                                                                                                                      |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Extremities                                       |
| Tuberculin Skin Test (PPD) Result in millimeters 72hr                                                                                  |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | Musculoskeletal Disease                           |
| Blood Test                                                                                                                             |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | <u>B</u>                                          |
| Vaccinations                                                                                                                           |                                          | YES                                     | NO                                              | Date                                              |
| MMR vaccine (if measles antibody not positive )                                                                                        |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | <u>Immune</u>                                     |
| Meningitis ACWY vaccine                                                                                                                |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        |                                                   |
| Influenza vaccine                                                                                                                      |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        |                                                   |
| Hepatitis B vaccine                                                                                                                    |                                          | <input checked="" type="checkbox"/>     | <input type="checkbox"/>                        | <u>Immune</u>                                     |
| 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: .....

Notes: .....

Sponsoring Institution: .....

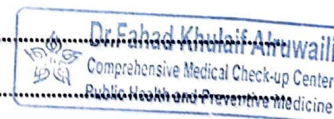


Responsible Physician

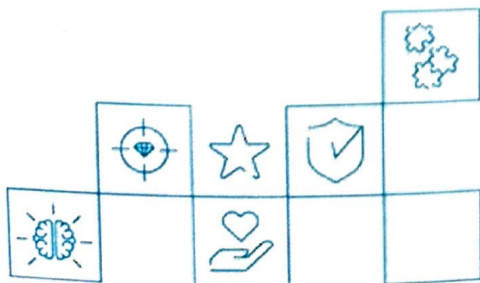
Name: .....

Signature: .....

Date: .....



OFFICIAL STAMP



T. +966 12 500 0000

Makkah, KSA, P.O.Box 24246

www.makkahhc.sa