



Medical Examination Report for Trainees

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٢٠٢٤/١/٦

Personal data				
Name:- <u>Asrar Ahmad Barjar</u>		Male <input type="checkbox"/>	Nationality:- <u>Saudi</u>	Birth Date:- <u>27/11/1418</u>
Female <input checked="" type="checkbox"/>		Place Of Issue:-		Issue Date:-
Iqama No / ID. No:- <u>109116772</u>		Mobile number:- <u>055557147</u>		
Specialty:- <u>General Surgery</u>		Training department:-		
Trainee Category:-		Type Of Training:-		Training Period:-
Fellowship <input type="checkbox"/> General <input type="checkbox"/> Diploma <input type="checkbox"/>				
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"/>	
Vaccinations		YES	NO	Date
MMR vaccine (if measles antibody not positive)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Meningitis ACWY vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Influenza vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>done 2024/1/7</u>
Hepatitis B vaccine		<input checked="" 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: 6/1/2024

Notes:

Sponsoring Institution:

مدير مركز الفحص الطبي
بالمدينة المنورة
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عبدالله بن عزيز المالكي

OFFICAL STAMP

Responsible Physician

Name: Dr. Saud Al-Bakhar

Signature:

Date:

