

Facility: ☐ Central Region ☒ Western Region ☐ Eastern Region ☐ Al Madinah Al Monawarah

Checklist of Health Care Requirements for Medical Trainees

☐ RESIDENT

☒ FELLOW

All prospective medical trainees irrespective of duration of rotation at Ministry of National Guard-Health Affairs (MNG-HA) have to get this form completed by their original medical facility. Proof of immunity against hepatitis B and varicella is mandatory prior to commencing training.

Name of Applicant : Hadi Abdullah Ali Alskem Saudi ID. No.: 1065584730
Mobile No. : 0557231671 Email: dr.hadiatyami@hotmail.com
SCHS Registration No. : 20203947
Sponsoring Institution : King Khalid Hospital - Najran Fellow trainee at King Abdulaziz medical city - Makkah
Email of the Institution :
Proposed Training Area : Neuro radiology
Duration of Rotation : From: 01 / 07 / 2025 To: 30 / 09 / 2025

	Results	Remarks
Tuberculin skin test (TST) Result in millimeters		<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
Chest Radiograph (if TST is more than 10mm)(attach report)	Normal	
Hepatitis B vaccines 3 doses (attach documentation)	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Hepatitis B antibody titers (attach documentation)	<input checked="" type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune
Hepatitis B surface antigen (attach documentation)	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Anti-HCV antibody (attach documentation)	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Human Immunodeficiency Virus (HIV)	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Varicella zoster antibody (attach documentation)	N/A	<input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
Varicella zoster vaccine if not antibody positive (two doses)(attach documentation)		
Rubella antibody (attach documentation)	<input checked="" type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune
N95 Fit Testing Result	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protective Equipment (PPE) (for ER & ICU rotations)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Completed By:

Institution Name :

Doctor Name :

Signature :

Date :

Dr. Sherif M. Khorshid
Specialist
ID: S611

16-3-2025

