



Picture
الصورة

Medical Examination Report for Trainees

Personal data					
Name:-		Male <input type="checkbox"/>	Nationality:-		Birth Date:-
		Female <input type="checkbox"/>			
Iqama No / ID. No:-	Place Of Issue:-		Issue Date:-		Mobile number:-
Specialty: -		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	Sound	Improper
Hepatitis B surface antigen (HBsAg)	<input type="checkbox"/>	<input type="checkbox"/>	Chest X-ray findings	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B surface antibody (HBsAb) titers	<input type="checkbox"/>	<input type="checkbox"/>	Examinations of dermatologists and venereologists	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C virus antibody (HCVAb)	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disease	<input type="checkbox"/>	<input type="checkbox"/>
Human immunodeficiency Virus 1&2	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input type="checkbox"/>	<input type="checkbox"/>
Measles antibody (Ig G)	<input type="checkbox"/>	<input type="checkbox"/>	Examination of the eyes	<input type="checkbox"/>	<input type="checkbox"/>
Varicella Zoster antibody (VZVAb-Ig G)	<input type="checkbox"/>	<input type="checkbox"/>	Examination of the Ears	<input type="checkbox"/>	<input type="checkbox"/>
Urine examination	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure reading	<input type="checkbox"/>	<input type="checkbox"/>
Malaria Screening	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculin Skin Test (PPD) Result in millimeters 72hr	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Blood Test	<input 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 type="checkbox"/>	<input type="checkbox"/>			
Influenza vaccine	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatitis B vaccine	<input type="checkbox"/>	<input type="checkbox"/>			
Covid-19 vaccine	<input 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:

OFFICAL STAMP