



Medical Examination Report for Trainees

Personal data					
Name:- <i>Abdulrah Mohamed Baorjaj</i>	Male <input checked="" type="checkbox"/>	Nationality:- <i>Saudi</i>	Birth Date:- <i>1994/7/28</i>	Female <input type="checkbox"/>	
Iqama No / ID. No:- <i>10929543</i>	Place Of Issue:-	Issue Date:-	Mobile number: <i>0554666987</i>		
Specialty:- <i>IM</i>	Training department:- <i>KAMC</i>				
Trainee Category:-	Fellowship <input type="checkbox"/> General <input type="checkbox"/> Diploma <input type="checkbox"/>		Type Of Training:- <i>Resident</i>	Training Period:- <i>4 years</i>	
Laboratory Tests	Negative	Positive	Clinical Examination	Sound	Improper
Hepatitis B surface antigen (HBsAg)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chest X-ray findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis B surface antibody (HBsAb) titers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Examinations of dermatologists and venereologists	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis C virus antibody (HCVAb)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Human immunodeficiency Virus 1&2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measles antibody (Ig G)	<input type="checkbox"/>	<input type="checkbox"/>	Examination of the eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Varicella Zoster antibody (VZVAb-Ig G)	<input type="checkbox"/>	<input type="checkbox"/>	Examination of the Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urine examination	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure reading	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Malaria Screening	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculin Skin Test (PPD) Result in millimeters 72hr	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disease	<input type="checkbox"/>	<input type="checkbox"/>
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"/>			
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:

Notes:

Sponsoring Institution: *AlNoor specialist Hospital*

Responsible Physician

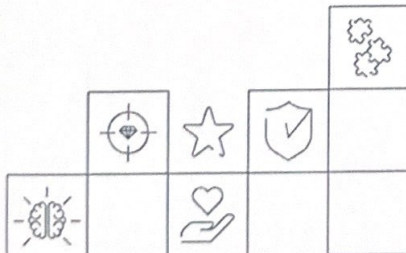
Name: *DR/MOHAMED MOSTAFA*

ER CONSULTANT

Signature# *110442*

Date: *2024/10/2*

OFFICIAL STAMP



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