



Medical Examination Report for Trainees

Personal data					
Name:- Mohammed Ibrahim Omar Alalawi		Male <input checked="" type="checkbox"/>	Nationality:- Saudi	Birth Date:- 20/10/1988	
		Female <input type="checkbox"/>			
Iqama No / ID. No:- 1080901661		Place Of Issue:- Alqunfudh	Issue Date:- 22/05/1427	Mobile number:- 0532515979	
Specialty:- ICU		Training department:- ICU			
Trainee Category:-		Type Of Training:- Full Time		Training Period:- 2 yrs	
Fellowship <input checked="" type="checkbox"/> General <input type="checkbox"/> Diploma <input type="checkbox"/>					
Laboratory Tests		Negative	Positive	Clinical Examination	Sound
Hepatitis B surface antigen (HBsAg)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chest X-ray findings	<input type="checkbox"/>
Hepatitis B surface antibody (HBsAb) titers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Examinations of dermatologists and venereologists	<input type="checkbox"/>
Hepatitis C virus antibody (HCVAb)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disease	<input type="checkbox"/>
Human immunodeficiency Virus 1&2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input type="checkbox"/>
Measles antibody (Ig G)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Examination of the eyes	<input type="checkbox"/>
Varicella Zoster antibody (VZVAb-Ig G)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Examination of the Ears	<input type="checkbox"/>
Urine examination		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blood pressure reading	<input type="checkbox"/>
Malaria Screening		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>
Tuberculin Skin Test (PPD) Result in millimeters 72hr		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disease	<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: 03/01/2024

Notes:

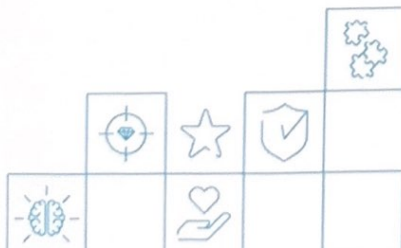
Sponsoring Institution:

Responsible Physician

Name: Abu Bakr Muthana

Signature: Dr. Abdulaziz M. Youssef
Consultant Physician

Date: 03/01/2024



OFFICIAL STAMP

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