

Picture
الصورة



تجمع مكة المكرمة الصحي
Makkah Health Cluster
شركة الصحة العامة

Medical Examination Report for Trainees

1153834

Personal data					
Name:- <u>Arees Ahmad Abuklu</u>		Male <input type="checkbox"/>	Nationality:- <u>Saudi</u>	Birth Date:- <u>26/4/1991</u>	
Female <input checked="" type="checkbox"/>		Issue Date:-		Mobile number:- <u>0532090711</u>	
Iqama No / ID. No:- <u>1024648875</u>		Place Of Issue:- <u>KAMC</u>		Issue Date:-	
Specialty:- <u>ICU</u>		Training department:- <u>ICU</u>			
Trainee Category:-		Type Of Training:- <u>Resident</u> Training Period:- <u>5 years</u>			
Fellowship <input 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 checked="" type="checkbox"/>	<input 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) <u>in progress</u>		<input 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"/>	<u>waiting for MMR AB result.</u>	
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: 25/6/2025

Notes:

Sponsoring Institution: MHC

Responsible Physician

Name: Bayan H Alsharif

Signature: [Signature]

Date: 25/6/2025

Dr. Bayan H. Alsharif
256473
Makkah Health Cluster
Physician & Preventive Medicine
25/6/2025

OFFICAL STAMP