



Medical Examination Report for Trainees

Personal data					
Name:- Albandari Hassan Alharbi		Male <input type="checkbox"/>	Nationality:- Saudi		Birth Date:- 10/7/1997
Female <input checked="" type="checkbox"/>					
Iqama No / ID. No:- 1111656672	Place Of Issue:- Makkah	Issue Date:-15/9/2020		Mobile number:-0547285723	
Specialty: - Radiation Oncology		Training department: - Radiation Oncology			
Trainee Category: -		Type Of Training: - Residency		Training Period:- From: 1/10/2024 To: 30/9/2029	
Fellowship <input type="checkbox"/> General <input checked="" 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 checked="" type="checkbox"/>
Hepatitis B surface antibody (HBsAb) titers		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Examinations of dermatologists and venereologists	<input checked="" type="checkbox"/>
Hepatitis C virus antibody (HCVAb)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disease	<input checked="" type="checkbox"/>
Human immunodeficiency Virus 1&2		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurological Disease	<input checked="" type="checkbox"/>
Measles antibody (Ig G)		<input type="checkbox"/>	<input type="checkbox"/>	Examination of the eyes	<input checked="" type="checkbox"/>
Varicella Zoster antibody (VZVAb-Ig G)		<input type="checkbox"/>	<input type="checkbox"/>	Examination of the Ears	<input checked="" type="checkbox"/>
Urine examination		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Blood pressure reading	<input checked="" type="checkbox"/>
Malaria Screening		<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input checked="" type="checkbox"/>
Tuberculin Skin Test (PPD) Result in millimeters 72hr		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Disease	<input checked="" type="checkbox"/>
Blood Test		<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	14/12/2022	
Influenza vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	15/11/2023	
Hepatitis B vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/11/2023	
Covid-19 vaccine		<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 doses, last dose 16/5/2024	
Additional Screening					

(1) ..... Result .....

(2) ..... Result .....

Final Result: Fit for training ☒ Not fit training ☐

Examining Date: 19/09/2024

Notes: .....

Sponsoring Institution: .....

Responsible Physician

Name: Dr. Samah Q Badohaish  
General Practitioner

Signature: 51618887

Date: 19/09/2024

OFFICIAL STAMP



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