



مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة

CHECKLIST OF HEALTH CARE SCREENING REQUIREMENTS FOR MEDICAL AND PARAMEDICAL

All prospective medical trainees irrespective of duration of rotation at King Faisal Specialist Hospital and Research Centre have to get this form completed by their original medical facility. Proof of immunity against Hepatitis B virus and Varicella is mandatory prior to commencing training.

Name of Applicant: _____ SCHS Registration No. _____

Sponsoring Institution: _____

Proposed Training Area: _____ From: _____ To: _____

| | Date (s) | Result |
|--|----------|-----------|
| Purified Protein Derivative (PPD) (Results in millimeters) | | _____ mm |
| Chest Radiograph (if PPD is more than 10mm) | | |
| Hepatitis B vaccines (3) | | |
| Hepatitis B antibody (results in U/L) | | _____ U/L |
| Hepatitis B surface antigen | | |
| Anti-HCV antibody | | |
| HIV Antibody | | |
| Varicella Zoster antibody | | |
| Varicella zoster vaccine if not antibody positive (two doses) | | |
| Rubella antibody or vaccination record | | |
| Measles antibody or vaccination record | | |

Completed by: _____
(Physician name)

Signature: _____

(Position, Department, Hospital Name)

Phone number: _____

HOSPITAL STAMP

DEPARTMENT STAMP

FOR KFSH&RC USE ONLY

Reviewed by: Name: _____ Signature: _____
Badge number: _____

Approved Date: _____ Not Approved Date: _____

Further Evidence required: _____