King Saud bin Abdulaziz University for Health Sciences College of Medicine Clinical Affairs MEDICAL INTERNSHIP UNIT



جامعة الملك سعود بن عبدالعزيز للعلوم الصحية كلية الطب الشنون السريرية

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Checklist of Health Care Requirements for Medical Trainees

All prospective medical trainees (interns) irrespective of duration of rotation at King Abdulaziz Medical City – NGHA Riyadh must have this form completed by their sponsoring institution or university, signed and stamped by a Licensed Physician.

Name of Applicant:					
Sponsoring Institution:					
Prop	osed Training Area:				
Start Date of Rotation: End Date of Rotation:					
Γ		Result	Re	Remarks	
	Tuberculin skin test (TST) Result in millimeters		Positi	ve Negative	
	Chest radiograph (if TST is more than10mm)		Positiv	ve Negative	
	Hepatitis B antibody titers=or>10mlU/ml		Positi	ve Negative	
	Hepatitis B surface antigen		Positi	ve Negative	
	Anti-HCV antibody		Positiv	ve Negative	
	HIV Antibody		Positiv	ve Negative	
	Varicella zoster antibody		Positiv	ve Negative	
	Varicella zoster vaccine if not antibody Positive(two doses)				
	Rubella antibody		Positi	ve Negative	
	Measles antibody Proof of Hepatitis B vaccine (series of commencement if non immune) Proof of two doses of MMR vaccine if non immune to Rubella or Measles		Positi	ve Negative	
Sponsoring Institution:					
Name of Attending Physician/Doctor:				OFFICIAL STAMP	
Signature:				GIAWII	
Date:					

/September 2011