جـامـعـة الملك سعود
King Saud University
كلية الأمير سلطان بن عبدالعزيز للخدمات الطبية الطارئة
Prince Sultan bin Abdulaziz College for Emergency Medical Services

Student / Trainee Medical Clearance Form

Student Name			☐ 1st Year ☐ 2nd Year ☐ 3rd Year
National ID / Iqama		**Student UNI ID:**	
		Medical file number:	

Basic Examination

Blood Pressure	mmHg			Pulse Rate	/min
Vision:	R		L	Hearing	☐ Normal ☐ Abnormal
	Color blindness Test			☐ Normal	☐ Abnormal

Systemic Examination

System or Organ	Normal	Abnormal	Details
Heart	☐	☐	
Lung	☐	☐	
Neurologic	☐	☐	
Gastro-intestinal	☐	☐	
Musculo-skeletal	☐	☐	

Radiography

Chest X-ray *(If Quantiferon or TST is positive - Attach Chest X-ray report)*	

Laboratory Tests / Immunization Records

Blood Group: **ABO:**________________**Rh:** ________________

Tuberculin Skin Test (TST) / Quantiferon	☐ Positive	☐ Negative
Hepatitis B surface antigen (HbsAg) *(attach document)*	☐ Positive	☐ Negative
Anti-HCV antibody *(attach document)*	☐ Positive	☐ Negative
Syphilis Antibody *(attach document)*	☐ Positive	☐ Negative
HIV antibody *(attach document)*	☐ Positive	☐ Negative

		☐ Non-Immune		
Hepatitis B antibody titers (Anti-HBs)	☐ Immune *(attach document)*		Date	signature
		First dose		
		Second dose		
		Third dose		
Varicella Zoster Antibody (VZV IgG)	☐ Immune *(attach document)*	☐ Non-Immune		
			Date	signature
		First dose		
		Second dose		
Measles, Mumps and Rubella (MMR IgG)	☐Immune *(attach document)*	☐ Non-Immune		
			Date	signature
		First dose		
		Second dose		

Physician Name:		**Signature:**	**Date:**

الختم الرسمي للتقارير الطبية