

## Student / Trainee Medical Clearance Form

Student Name				<input type="checkbox"/> 1 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year	<input type="checkbox"/> 3 <sup>rd</sup> Year
National ID / Iqama		Student UNI ID:				
		Medical file number:				
<b>Basic Examination</b>						
Blood Pressure	mmHg		Pulse Rate	/min		
Vision:	R	L	Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
	Color blindness Test		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal		
<b>Systemic Examination</b>						
System or Organ		Normal	Abnormal	Details		
Heart		<input type="checkbox"/>	<input type="checkbox"/>			
Lung		<input type="checkbox"/>	<input type="checkbox"/>			
Neurologic		<input type="checkbox"/>	<input type="checkbox"/>			
Gastro-intestinal		<input type="checkbox"/>	<input type="checkbox"/>			
Musculo-skeletal		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Radiography</b>						
Chest X-ray <i>(If TST is positive - Attach Chest X-ray report)</i>						
<b>Laboratory Tests / Immunization Records</b>						
Blood Group:		ABO: _____		Rh: _____		
Tuberculin Skin Test (TST)				<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	
Hepatitis B surface antigen (HbsAg) <i>(attach document)</i>		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative		
Anti-HCV antibody <i>(attach document)</i>		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative		
HIV antibody <i>(attach document)</i>		<input type="checkbox"/> Positive		<input type="checkbox"/> Negative		
Hepatitis B antibody titers (Anti-HBs)		<input type="checkbox"/> Immune <i>(attach document)</i>	<input type="checkbox"/> Non-Immune			
				Date	signature	
			First dose			
			Second dose			
	Third dose					
Physician Name:				Signature:	Date:	

الختم الرسمي للتقارير الطبية