

Appendix B

APP#1-70004-003(1) Medical clearance
for Student and Trainee



جامعة الأميرة نورة بنت عبد الرحمن
مستشفى الملك عبد الله بن عبد العزيز الجامعي
King Abdullah bin Abdulaziz University Hospital

Student / Trainee Medical Clearance Form

Student/Trainee Name				<input type="checkbox"/> Not Married	<input type="checkbox"/> Married
National ID / Iqama				Student No.	
College				<input type="checkbox"/> PNU	<input type="checkbox"/> Other: _____
Basic Examination					
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	
Systemic Examination					
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"/>			
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			<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			
Varicella Zoster Antibody (VZV IgG)	<input type="checkbox"/> Immune <i>(attach document)</i>	<input type="checkbox"/> Non-Immune			
			Date	signature	
		First dose			
		Second dose			
Measles, Mumps and Rubella (MMR IgG)	<input type="checkbox"/> Immune <i>(attach document)</i>	<input type="checkbox"/> Non-Immune			
			Date	signature	
		First dose			
		Second dose			
DECISION					
<input type="checkbox"/> Accepted	<input type="checkbox"/> Needs Further Evaluation		<input type="checkbox"/> Plan & Recommendations:		
	<input type="checkbox"/> Rejected				
Physician Name:			Signature:	Date:	

الختم الرسمي للتقارير