

**Checklist of Health Care Screening Requirements for Medical Trainees** 

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	
<b>Tuberculin skin test (TST)</b> <i>Result in millimeters</i>						
Hepatitis B vaccines (3)						
Hepatitis B antibody						
Hepatitis B surface antigen						
Anti-HCV antibody						
Varicella zoster antibody						
Varicella zoster vaccine if not antibody positive (two doses)						
Rubella antibody or vaccination record						
Measles antibody or vaccination record						
Chest Radiograph (if TST is more than 10 mm)						
Completed by:	ompleted by: Name:			Signature:		
Address:			Phone Number:			
FOR FAMILY MEDICINE USE ONLY						
Reviewed by:	Name:					
Lette wed by.	Badge Number:			Signature:		
Approved:	Date: Date:		□ Not App	roved:	Date:	