

Checklist of Health Care Requirements for Medical Trainees

Name of the Intern:

University ID: National ID:

Proposed Training Area:

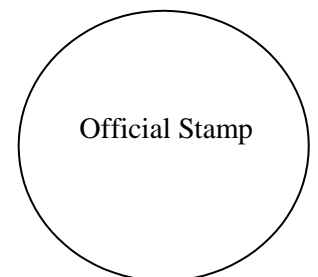
	Result	Remarks	
Tuberculin skin test (TST) Result in millimeters		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Chest radiograph (if TST is more than 10 mm)		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Hepatitis B antibody titers= or> 10mIU/ml		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Hepatitis B surface antigen		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Anti-HCV antibody		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
HIV Antibody		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Varicella zoster antibody		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Varicella zoster vaccine if not antibody Positive (two doses)			
Rubella antibody		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Measles antibody		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
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			

Sponsoring Institution:

Name of Attending Physician/Doctor:

Signature:

Date:



**** Note: Documentation of Lab Result to be attached.**