

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> 10mlU/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:

Official Stamp

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