

## Checklist of Health Care Requirements for Medical Trainees

Name of the Intern: .....

University ID: ..... National ID: .....

Proposed Training Area: .....

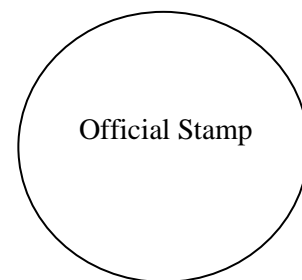
	Result	Remarks	
Tuberculin skin test (TST) Result in millimeters		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Chest radiograph (if TST is more than 10 mm)		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Hepatitis B antibody titers= or> 10mlU/ml		<input type="checkbox"/> 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: .....



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