



**Aseer Central Hospital  
Employee Clinic**

Name Of Trainee : ..... Specialty : .....

Date Of Birth : .....

Date Of Training : From .....Up To .....

Sponsoring Institution : .....

Mobile Number : ..... Email : .....

**i. Viral Screening**

HEPATITIS B SURFACE ANTIGEN	( Negative / Positive )	Date:
HEPATITIS C ANTIBODY	( Negative / Positive )	Date:
HIV SCREENING	( Negative / Positive )	Date:

**ii. TB Screening : Through either TST or IGRA test**

<b>TST:</b>			
Date of test		Date of reading:	Reading in mm
If Positive TST	CXR should be done	Date:	Results
If latent TB	Prophylaxis medication		
IGRA TEST	( Positive / Negative )	Date :	

**iii. Immunity Status**

Hepatitis B Surface AB	( Positive / Negative ) Level ( )
Varicella IGG	( Positive / Negative )
Measles IGG	( Positive / Negative )
Mumps IGG	( Positive / Negative )
Rubella IGG	( Positive / Negative )

**iv. Vaccination Status : All these vaccines are mandatory in case of lack of documented immunity either by laboratory works as mentioned before or vaccination records**

HEPATITIS B VACCINE	1 <sup>ST</sup>	Date:
	2 <sup>ND</sup>	Date:
	3 <sup>RD</sup>	Date:
VARICELLA VACCINE	1 <sup>ST</sup>	Date:
	2 <sup>ND</sup>	Date:
MMR VACCINE	1 <sup>ST</sup>	Date:
	2 <sup>ND</sup>	Date:
Tdap	Completed series + adult booster dose	Date of last dose:
DT	Booster / 10 years	Date of last dose:
ANNUAL FLU VACCINE		Date:
MENINGOCOCCAL VACCINE	Mention type if known	Date:

Filled by : ..... Signature.....Date:.....

Contact information : .....

Official stamp : .....

