

الفحص الطبي Medical Examination

الاسم: _____	الرقم الجامعي: _____
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	Result	Positive	Negative
Blood Type			
Tuberculin skin test (TST)Result in millimeters			
Chest x-ray examination			
Hepatitis B 3Doses (attach Documentation)			
Hepatitis B Antibody titers (attach Documentation)			
Hepatitis B Surface antigen (attach Documentation)			
Anti HCV antibody (attach Documentation)			
HIV antibody (attach Documentation)			
Varicella zoster antibody (attach Documentation)		Immune	Non-immune
Varicella zoster Vaccine if not antibody positive 2 doses (attach Documentation)			
Rubella antibody (attach Documentation)		Immune	Non-immune

اسم الطبيب: _____	توقيع الطبيب: _____
تاريخ الفحص: _____	الختم الرسمي: _____