

**Applicant's Name:** 

## Ministry of Higher Education King Saud University College of Medicine Department of Ophthalmology

## **Fellowship Program in Glaucoma and Cataract**

Date: Ref.:

## MEDICAL REPORT (Pre-requisite for admission to King Saud University Ophthalmology Fellowships)

Sex:			
Age:			
Date:			
A: GENERAL MEDICAL FITNESS			
(Done in KAUH or other Hospitals Approved for Training by SBO)			
a) Current major systemic illnesses			
•			
h) De da Mardinel O Comeinel Ulinterno			
b) Past Medical & Surgical History			
•			
c) Systemic Check up			
7.7			
I. R/O active & Chronic-systemic illness			
II B/O Hand and Finger disability			
II. R/O Hand and Finger disability			
III. Hematological, Serological Investigations:			
CBC, VDRL/TPHA, HIV, Hbs Ag HCV, Hepatitis B & C			
IV. PPD & Chest X Ray			
IV. PPD & Criest X Ray			
Impression: Cleared \( \square{1} \) Not Cleared \( \square{1} \)			
<b>p</b> : costo			
If not cleared, mention the medical problem and suggestions:			
in not cleared, mention the medical problem and suggestions.			
Name & Level of the examiner: Signa	ture:Date:		
- Jigha	- Dutc.		
Hospital Approval/ Level:Signa	ture & Stamp:		
- Troopital Approval, Level	tare or ordanipr		

B: OPHTHALMIC STATU	JS:	
(This is done by a member of Residency Training Program or a qualified Ophthalmologist in		
KAUH or other Hospital approval for training by SBO)		
a. Current and Past Ocular H/O:		
•		
h 1/A.		66
b. VA:	SC	СС
	OD	
	OS	
c. Refraction	OD	S
d. Orthoptic Work up:		
e. Stereopsis :	Present	; Sterioacuity:
f. Color Vision (Ishihara): OD OS		
•	15	15
g. Ocular Examination: Normal Abnormal		
Impression: Cleared ☐ Not Cleared ☐		
impression. Cicarca — 1300 electron —		
If not cleared, mention the ocular disorder & Suggestions :		
Nama P Laval af 4	he Examiner:	Signature: Date:
ivaille & Level Of th	HE EXAMINET.	
Hospital Approval,	/ Level:	Signature & Stamp: