



Fellowship Program in Glaucoma and Cataract

Date:
Ref.:

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

Applicant's Name:
Sex:
Age:
Date:

A: GENERAL MEDICAL FITNESS

(Done in KAUH or other Hospitals Approved for Training by SBO)

a) Current major systemic illnesses

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b) Past Medical & Surgical History

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c) Systemic Check up

I. R/O active & Chronic-systemic illness

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

Impression: Cleared Not Cleared

If not cleared, mention the medical problem and suggestions:

Name & Level of the examiner: _____ Signature: _____ Date: _____

Hospital Approval/ Level: _____ Signature & Stamp: _____

B: OPHTHALMIC STATUS:

(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:

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b. VA:

SC

CC

OD.....

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OS.....

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c. Refraction

OD.....OS.....

d. Orthoptic Work up:.....

e. Stereopsis : Present Absent ; Sterioacuity:.....

f. Color Vision (Ishihara):

OD _____ OS _____
15 15

g. Ocular Examination:

Normal Abnormal

Impression: Cleared Not Cleared

If not cleared, mention the ocular disorder & Suggestions :

Name & Level of the Examiner: _____ Signature: _____ Date: _____

Hospital Approval/ Level: _____ Signature & Stamp: _____