

## Healthcare Requirement Checklist for Undergraduate Trainees

All prospective undergraduate trainees that deal with patients irrespective of rotation duration in Riyadh Second Health Cluster <u>must</u> complete this form from their main healthcare provider/center. Proof of immunity against **Hepatitis B** & **Varicella** is mandatory prior to commencing training.

Trainee Name						
Sponsor University/Institute						
Cluster Two Training Center						
Training Department						
Training Category	🗆 Student 🛛 Intern			Clinical Attachment		
Specialty Classification	🗆 Medical 🛛 Dental 🖓 Pharm		acy 🗆 Nursing 🗆 Allied Health			
Training Duration	From			То		
Required Labs	Results			Remarks		
Tuberculin Skin Test (TST) Result in millimeters				□ Positive	□ Negative	
Chest Radiography (if TST is more than 10mm), attach report						
Hepatitis B vaccines 3 doses (attach documentation)				□ Positive	□ Negative	
Hepatitis B antibody titers (attach documentation)				🗆 Immune	□ Non-Immune	
Hepatitis B surface antigen (attach documentation)				□ Positive	□ Negative	
Anti HCV antibody (attach documentation)				□ Positive	□ Negative	
Varcella zoster antibody (attach documentation)				🗆 Immune	□ Non-Immune	
Varcella zoster vaccine if not antibody positive (two doses), attach documentation						
Rubella antibody (attach documentation)				🗆 Immune	□ Non-Immune	
HIV antibody (attach documentation)				□ Positive	□ Negative	
Covid 19 Vaccine Certificate (mandatory 1st, 2nd, and booster dose), attach documentation						
Doctor Name						
Hospital					Official Stamp	
Doctor Signature						

Official stamp of the hospital is <u>mandatory</u>, the stamp of the physician only <u>is not acceptable</u>. If unable to provide the original copy or stamp of the hospital as proof, then attach laboratory results for verification.

