



In compliance with the Ministry of Health, “**Policy for Immunization and Infectious Diseases Screening for Medical, Dental, Nursing, and Physiotherapy Students**”. (Policy attached) all new applicants must submit evidence of having completed the Infectious Disease Screening identified below (Section A) and complete the Immunization Report (Appendix 1).

Your Infectious Disease Screening and immunization report should be uploaded to this: [link](#) no earlier than 3 months prior to your start date.

### **International Applicants**

Should complete the screening identified below (Section A) and get (Appendix 1) completed by their health care provider. It is mandatory that international applicants be re-screened for Infectious Diseases once they arrive in Bahrain. The Student Health & Wellbeing Unit will arrange this following registration.

### **Applicants from the GCC**

Should complete their Infectious Disease Screening identified below (Section A) at your Local Health Authority in their country of origin. **Results should be recorded on a ‘Fitness Report’, which clearly states the applicant’s fitness and should be stamped by the health authority.** Their health care provider should complete appendix 1.

### **Bahraini Applicants**

Bahraini applicants should complete their Infectious Disease Screening at their Local Health Centre and results should be recorded on the “Medical Examination Certificate – Studies Fitness”. The Health Centre Doctor should also complete your immunization Report ( Appendix 1).

### **Section A. Infectious Disease Screening Required:**

- Hepatitis B Surface Antigen
- Hepatitis B Antibodies
- Hepatitis C Antibody
- HIV 1 & 2
- Tuberculosis Screening (PPD skin test)
- Chest X Ray

**Please note: Infectious Disease Screening completed more than 3 months from registration will not be accepted.**

Applicants should complete the required vaccinations listed in (Appendix 1) before registration. Once enrolled in RCSI Bahrain, Student Health & Wellbeing Unit will arrange for your vaccines to be updated accordingly.

If you have any questions or need further advice, please contact [Student-health@rcsi-mub.com](mailto:Student-health@rcsi-mub.com).



**RCSI**

Appendix 1

**Student Health & Wellbeing Unit**

Immunization Report

This report should be completed by a Health care provider e.g. GP, Practice Nurse, Occupational Health provider

Name:	DOB:
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Vaccine	Date	Result
MMR Vaccine	MMR 1 <sup>st</sup>	
	MMR 2 <sup>nd</sup>	
Hepatitis B Vaccine  Secondary Hepatitis B series ( <i>for non-responders</i> )	Hepatitis B 1 <sup>st</sup>	
	Hepatitis B 2 <sup>nd</sup>	
	Hepatitis B 3 <sup>rd</sup>	
	Hepatitis B Surface Antibody Level	_____mIU/ml
	Hepatitis B 4 <sup>th</sup>	
	Hepatitis B 5 <sup>th</sup>	
	Hepatitis B 6 <sup>th</sup>	
	Hepatitis B Surface Antibody Level	_____mIU/ml
Hepatitis A vaccine	Hepatitis A 1 <sup>st</sup>	
	Hepatitis A 2 <sup>nd</sup>	
Tetanus – Diphtheria and pertussis	Tdap ( <i>must be within 10 year</i> )	
Polio	<i>Last dose received</i>	
Meningococcal	Menactra	
Typhoid	<i>Within 3 years</i>	
Varicella	Varicella 1 <sup>st</sup>	
	Varicella 2 <sup>nd</sup>	
	Varicella Serology IgG	Positive <input type="checkbox"/> Negative <input type="checkbox"/>

Health Care providers Signature \_\_\_\_\_ Date: \_\_\_\_\_

Official Stamp:

