

APPLICANT HEALTH ASSESSMENT (AHA) FORM

The pre residency history and health assessment provides basis of pre residency evaluation for all applicants joining Oman Medical Specialty Board. Continued postgraduate training contract is dependent on the successful AHA completion.

The purpose of the form is to determine whether you have health conditions that could affect your ability to undertake the duties of the training you have been offered or places you at risk in the workplace. It may be that adjustments or support is recommended as a result of this assessment to enable you to complete your training. Our aim is to promote and maintain the safety and the health of OMSB trainees, patients and staff.

Your answers to this questionnaire will be confidential to OMSB and will not be given to anyone else without your written permission. We do use anonymized information for audit purposes, which will not reveal confidential information in any audit report.

Please complete all relevant sections, otherwise the form may be returned for completion therefore delaying your registration and admission process.

PART A – Applicant Health Assessment Questions:

No.	Question	Yes	No
1.	Do you currently have any health condition/impairment/disability (physical or psychological)?		
2.	Have you ever had any health condition/impairment/disability in the past?		
3.	Are you having, or waiting for treatment (including medication) or investigation for any health condition/impairment/disability (physical or psychological)?		
4.	Do you have an infectious disease that can interfere with your work as a clinician?		
5.	Do you need any adjustments or assistance to help you to undergo the training?		

If yes to any of the above question, please specify details of the condition, treatment and dates. (For more space, please add a separate attachment to this form)

Do you have any additional information related your health? If YES, please specify.

How much time have you lost from work/college due to illness during the last 2 years?

PART B: Immunization Assessment & Blood Tests Section

Please ensure that you provide details of previous immunizations and specific blood tests as requested below:

- Provide evidence of immunization (vaccination record)
- Provide the following serology results:
 - o Hepatitis B & C serology (you must receive vaccination for hepatitis B if you are not immuned)
 - o HIV serology
 - o Varicella IgG
 - o Mumps IgG, Measles IgG, Rubella IgG
 - o TB Golden Quantiferone Test (Chest X-Ray and other modalities of testing will depend on the results of this screening test)

I certify that, to the best of my knowledge and belief, all of the information in this form and/or attached to it, is true, correct, and accurate.

I understand that a false or fraudulent answer to any question or item to any part of this form or its attachments may be grounds for not accepting my registration as an OMSB trainee or for termination from a training program at a later date after acceptance and during my training.

I give consent for my health records to be reviewed, including vaccinations and blood results to be used for assessment by OMSB follow-up HealthCare committee or other concerned parties, as required.

I understand that any information I give may be investigated for purposes of determining eligibility for OMSB training programs.

I consent to the release of information about my ability and fitness for training by OMSB to authorized personnel or representatives of the OMSB if needed while protecting confidentiality with anonymous processes.

I understand that if any recommendations to my sponsor are necessary as a result of this AHA, OMSB will discuss the recommendations with me, and may disqualify me from joining OMSB.

Name of Applicant: _____

Date of Birth: _____

Civil Number: _____

Date: _____

Signature: _____