



# RCSI Infectious Disease Screening and Immunization Report

Student Development and Wellbeing Department  
**Student Health and Wellbeing Unit**  
[Student-health@rcsi-mub.com](mailto:Student-health@rcsi-mub.com)

Following regulations and guidance of the Ministry of Health, Kingdom of Bahrain, and according to RCSI Bahrain policies on **General Health, Infectious Diseases Screening and Vaccination of RCSI Bahrain Students** and **Blood Borne Viruses**, all undergraduate students (new applicants and those who are registered) are required to submit evidence of infectious diseases screening and immunization. Further to Higher Education Council (HEC) requirements, students must be confirmed fit to study.

Students are required to have this report completed by a licensed healthcare provider in English and submit to the university through the link below.

## **Summary of infectious disease screening requirements**

- **For student applicants: Initial screening requirements**

This report must be completed in English by a licensed healthcare provider **before registration/arrival in Bahrain**. Infectious disease screening and vaccination can be started once a student receives their offer letter.

- **After Registration: Rescreening requirements**

This report must be completed by students who have not had initial screening completed at either an NHRA healthcare centre in Bahrain, or a Ministry of Health government healthcare facility in a GCC country. Students who require rescreening must complete this within 6 weeks after registration. Rescreening requirements will be communicated to students by the Student Health and Wellbeing team.

- **During the programme of study: Rescreening requirements**

All students must repeat infectious diseases screening in their clinical years. This can be completed in any location. The Student Health and Wellbeing Unit will communicate requirements to students.

### **Note:**

Non-compliance with the requirements of the RCSI Bahrain medical screening and vaccination programme is in breach of the RCSI Bahrain Student Code of Conduct and can result in referral through the University's disciplinary process.

For advice or queries please contact: [immunizations@rcsi-mub.com](mailto:immunizations@rcsi-mub.com)

**Students must return the completed Infectious Disease Screening and Immunization Report to the RCSI Bahrain through this [LINK](#)**

**All parts of this form are to be completed by a licensed healthcare provider**



**RCSI**

**Infectious Disease Screening and Immunization Report**

|                      |                              |             |
|----------------------|------------------------------|-------------|
| <b>Student Name:</b> | <b>CPR/ Passport number:</b> | <b>DOB:</b> |
|----------------------|------------------------------|-------------|

**A) Infectious Disease Screening Report**

| Test Required                | Date Completed     | Results (Circle one) |                   |
|------------------------------|--------------------|----------------------|-------------------|
| Hepatitis B Surface Antigen  |                    | Positive             | Negative          |
| Hepatitis B Surface Antibody |                    |                      | _____ mIU/ml      |
| Hepatitis C Antibody         |                    | Positive             | Negative          |
| HIV 1 & 2                    |                    | Positive             | Negative          |
| Chest X-Ray                  |                    | Abnormal             | Normal            |
| Tuberculosis (PPD Skin Test) | Date Administered: | Date Read:           | Reading: _____ mm |

**B) Immunization Report**

| Vaccination  | Date Received | Results/Comments |
|--|---------------|------------------|
| MMR (1st dose)   |               |                  |
| MMR (2 <sup>nd</sup> dose)   |               |                  |
| Hepatitis B (1 <sup>st</sup> dose)   |               |                  |
| 2 <sup>nd</sup> Dose   |               |                  |
| 3 <sup>rd</sup> Dose   |               |                  |
| Hep B <b>second series</b> only required if Hep B surface antibodies <10mIU/ml(1st dose) |               |                  |
| 2 <sup>nd</sup> Dose   |               |                  |
| 3 <sup>rd</sup> Dose   |               |                  |
| Tetanus Diphtheria (Must be within the last 10 years)                                    |               |                  |
| Polio (Date of completion of childhood series)   |               |                  |
| Meningococcal conjugate ACWY   |               |                  |
| Varicella (1 <sup>st</sup> dose)   |               |                  |
| 2 <sup>nd</sup> dose   |               |                  |

**C) Fitness Certification - Please circle one:**

**FIT**

**UNFIT**

Name of licensed healthcare provider:

.....  
Signature:

Date:

**Official Stamp**