|  |  |  |
| --- | --- | --- |
| MNGHA | **Ministry of National Guard- Health Affairs**  **King Saud Bin Abdulaziz University for Health Sciences**  **Postgraduate Medical Education** | Ksau-hslogo |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION FORM**  **ROTATING RESIDENT/ FELLOW**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Facility:** |  | **Central Region** |  | **Western Region** |  | **Eastern Region** |  | **Al Madinah Al Monawarah** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | **RESIDENT** | | | |  | | | | | | | | |  | | **FELLOW** | | | | | | | | | | |
| **Name** | **:** | | **,** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | *Last Name* | | | | *First Name* | | | | | | | | | | *Second Name* | | | | | | | |  | *Third Name* | | | | |
|  |  | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | |  |
| **Sex** | **:** | | |  | **Male** |  | | **Female** | | | | | | | | **Saudi ID No.:** | | | | | | | |  | | | | | | |
|  |  |  | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | |  |
| **Date of Birth** | **:** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_** | | | | | | | |  | |  | |  | | | | | | | | |  | |  |  | | | | |
|  |  |  | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | |  |
|  |  |  | | | | | | | | |  | | | | | | | |  | | | | | | | |  | |  | |
| **Address in KSA :** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone No.** | **:** |  | | | | | | | | | | | | | **Fax No.** | | | | | **:** | |  | | | | | | | | |
| **Mobile No.** | **:** |  | | | | | | | | | | | | | **Email** | | | | | **:** | |  | | | | | | | | |
|  |  |  | | | | | | | | | | | | |  | | | | |  | |  | | | | | | | | |
| ***Other Contact Person*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | **:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone No.** | **:** |  | | | | | | | | | | | | | **Fax No.** | | | | **:** | |  | | | | | | | | | |
| **Mobile No.** | **:** |  | | | | | | | | | | | | | **Email** | | | | **:** | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS ROTATION INFORMATION** | | | | | | | |
| **Institution Name of Last Rotation** | **:** | |  | | | | |
| **Rotation Site (Specialty)** | **:** |  | | **Start Date:** |  | **End Date:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ROTATION INFORMATION IN MNG-HA** | | | | | | | | |
| **Rotation Site (Specialty)** | **:** |  | | | | | | |
| **Length of rotation** | **:** | |  | **Weeks** |  | **Months** |  | **Years** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT INSTITUTION** | | | | | | |
| **Institution** | **:** |  | | | | |
| **Department** | **:** |  | | | | |
| **Phone No.** | **:** |  | **Ext. No.** |  | **Email:** |  |

**IMPORTANT: kindly attend the following orientation for new physicians: (Attend just once):**

1. **Pharmacy.**
2. **Medical Records**.

IMPORTANT: After badging, please come back to Postgraduate Medical Education Office or call Postgraduate Medical Education to give them your badge & pager number in order for you to be in the system for patient related issues.