



Privileges in Infectious Disease

Physician name:

Education/Training Successful completion of an accredited Residency/Fellowship
In **Infectious Disease** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **Infectious Disease** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below.</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
Additional Request		
<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>
Core Privileges		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below.</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
Privileges included in the Core:		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative service to patients with infectious diseases.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of an unusually severe infection such as tuberculosis, meningitis, disseminated tuberculosis, systemic mycosis, and unusual infections in the immune-compromised host	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of investigational anti-infective agents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar puncture	<input checked="" type="checkbox"/>
Special Privileges		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below.</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-----

Approved By:- -----

Medical director signature: - -----

Date:-----