

## PRE-ADMISSION MEDICAL EXAMINATION FORM

### Continuing Education and Training (CET) Nursing Programmes

**Instructions for Completing this Form**

- 1) Complete Part A and bring this form and your health booklet, vaccination records downloaded from National Immunisation Registry (<https://www.nir.hpb.gov.sg>) to any medical practitioner registered in Singapore with your NRIC/ Passport.
- 2) You may visit a private clinic or your family doctor or any SATA clinic listed in this website (<https://sata.com.sg>). The cost of medical examination, required tests and vaccinations will be borne by the student or sponsoring companies.
- 3) You need to submit the completed and signed medical examination form, chest X-ray and blood investigation reports to the following address.  
Continuing Education and Training Academy (CETA), Ngee Ann Polytechnic (NP)  
535, Clementi Road, Block 50-01-01,  
Singapore 599489
- 4) Failure to undergo the medical examination or any false declaration will render you liable to appropriate action, including dismissal from the course offered.

**PART A: PERSONAL PARTICULARS <TO BE COMPLETED BY THE STUDENTS>**

Full Name:		NRIC/Foreign Identification No:	
DOB (DDMMYYYY):		Gender: F / M	Mobile Number:
Home Address:		Student Number:	

**Personal Medical Record**

It is compulsory for students admitted to the nursing programmes to undergo a pre-admission medical examination, including a chest X-Ray. The following medical conditions may lead to non-acceptance into these courses. Have you ever had or have any of these medical conditions?

Please tick (✓) in all the empty boxes under "Yes" or "No".

Medical Condition	Yes	No	Medical Condition	Yes	No
Active Tuberculosis			Physical Dependence upon Mobility Equipment		
Uncontrolled Asthma			Psychiatric condition		
Uncontrolled Hypertension			Legal blindness		
Acquired Immune Deficiency Syndrome (AIDS)/ Human Immunodeficiency Virus (HIV)			Profound Deafness		
Uncontrolled Epilepsy			Hearing Impairment		
Uncontrolled Diabetes			Vision Loss/Impairment		
Mobility Restricted			Others (to specify):		

Any other information, please state below:

I hereby declare that all the information provided is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant fact(s). I consent for my medical examination and test results to be released to Ngee Ann Polytechnic to process my application. Any false declaration will render myself liable to appropriate action, including dismissal from the course offered.

I am aware that I will need to be screened for Blood-Borne Diseases (BBD) i.e., Hepatitis B, Hepatitis C, HIV and undergo immunisation against Hepatitis B, Chicken Pox, Mumps, Measles, Rubella (MMR) and Diphtheria, Pertussis & Tetanus.

Signature of Student:	Date of Signature:
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**PART B: MEDICAL EXAMINATION <TO BE COMPLETED BY THE EXAMINING DOCTOR>**

Height (m) : _____	<u>Urine Analysis</u> Glucose : _____ Protein : _____ Blood : _____	<u>Visual Acuity</u>	R	L
Weight (kg) : _____		With Glasses	_____	_____
BMI : _____		Without Glasses	_____	_____
		Colour Deficiency	Yes	No
		Type of colour deficiency	_____	

\*To specify if student has colour deficiency e.g. partial or full, colour deficits in red-green or blue-yellow.

As per MOH's requirement, students enrolled in the nursing programmes **must have immunity** against Hepatitis B, Chickenpox, Mumps, Measles & Rubella (MMR), Diphtheria, Pertussis & Tetanus, and be screened for Hepatitis B, C and Human Immunodeficiency Virus (HIV). All students are also required to do a chest X-ray. Refer to **Annex A** for the blood screening and vaccination requirements for health science students (extracted from MH114:21/25 dated 12/12/2018).

**Note:** The chest X-ray and blood investigation report must be attached with this medical examination form for submission.

<p><b>Chest X-ray</b> (please tick "✓" in the empty box accordingly)</p> <p>Normal <input type="checkbox"/></p> <p>Abnormal <input type="checkbox"/></p> <p><i>If abnormal, please specify abnormality:</i></p>	<p><b>Blood Investigations</b></p> <p>1. <b>Haemoglobin:</b> _____ gm/dL</p> <p>2. <b>Blood screening results for Hepatitis B, Hepatitis C, Chickenpox and HIV</b> (Please tick "✓" in the empty box accordingly)</p> <table border="1"> <thead> <tr> <th>Type of Blood Screening</th> <th>Non-Reactive</th> <th>Reactive</th> <th>Remarks if any</th> </tr> </thead> <tbody> <tr> <td>HBs Antigen <sup>1</sup></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HBs Antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anti-HCV, Total</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chickenpox antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIV Antigen</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>3. <b>Vaccination and Immunity</b></p> <table border="1"> <thead> <tr> <th>Type of Vaccination</th> <th colspan="2">Dose required (1<sup>st</sup> or 2<sup>nd</sup> dose / not required) (Please tick "✓" in the empty box accordingly)</th> <th>1<sup>st</sup> Dose (Date)</th> <th>2<sup>nd</sup> Dose (Scheduled date)</th> <th>3<sup>rd</sup> Dose (Scheduled Date)</th> </tr> </thead> <tbody> <tr> <td rowspan="4"><b>Hepatitis B</b></td> <td>1<sup>st</sup> dose</td> <td><input type="checkbox"/></td> <td rowspan="4"></td> <td rowspan="4"></td> <td rowspan="4"></td> </tr> <tr> <td>2<sup>nd</sup> dose</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3<sup>rd</sup> dose</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not required*</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3"><b>Chickenpox</b></td> <td>1<sup>st</sup> dose</td> <td><input type="checkbox"/></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3">N/A</td> </tr> <tr> <td>2<sup>nd</sup> dose</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not required*</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3"><b>MMR <sup>2</sup></b></td> <td>1<sup>st</sup> dose</td> <td><input type="checkbox"/></td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3">N/A</td> </tr> <tr> <td>2<sup>nd</sup> dose</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not required*</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Type of Blood Screening	Non-Reactive	Reactive	Remarks if any	HBs Antigen <sup>1</sup>				HBs Antibody				Anti-HCV, Total				Chickenpox antibody				HIV Antigen				Type of Vaccination	Dose required (1 <sup>st</sup> or 2 <sup>nd</sup> dose / not required) (Please tick "✓" in the empty box accordingly)		1 <sup>st</sup> Dose (Date)	2 <sup>nd</sup> Dose (Scheduled date)	3 <sup>rd</sup> Dose (Scheduled Date)	<b>Hepatitis B</b>	1 <sup>st</sup> dose	<input type="checkbox"/>				2 <sup>nd</sup> dose	<input type="checkbox"/>	3 <sup>rd</sup> dose	<input type="checkbox"/>	Not required*	<input type="checkbox"/>	<b>Chickenpox</b>	1 <sup>st</sup> dose	<input type="checkbox"/>			N/A	2 <sup>nd</sup> dose	<input type="checkbox"/>	Not required*	<input type="checkbox"/>	<b>MMR <sup>2</sup></b>	1 <sup>st</sup> dose	<input type="checkbox"/>			N/A	2 <sup>nd</sup> dose	<input type="checkbox"/>	Not required*	<input type="checkbox"/>
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<sup>1</sup> Those who screen positive for BBD (Hepatitis B, Hepatitis C and HIV), should receive post-screening counselling by the registered medical practitioner.

<sup>2</sup> **MMR:** If students do not have documented evidence of immunity, 2 doses are required. Minimum interval of at least 4 weeks apart or based on Physician's medical advice. Students who only received one dose of MMR during childhood should be vaccinated with second dose of MMR.



Type of Vaccination	Dose required (1 <sup>st</sup> or 2 <sup>nd</sup> dose / not required) (Please tick "✓" in the empty box accordingly)	1 <sup>st</sup> Dose (Date)	2 <sup>nd</sup> Dose (Scheduled date)	3 <sup>rd</sup> Dose (Scheduled Date)
Tdap or Td booster <sup>3</sup>	Tdap (1 dose)	<input type="checkbox"/>	N/A	N/A
	Td booster (1 dose)	<input type="checkbox"/>		
	Not required*	<input type="checkbox"/>		

\*Not required if there is evidence of vaccination/immunity status in the health records or immunity records.

**PHYSICAL EXAMINATION**

General Physique:

Blood Pressure:	Pulse:
Ears:	Nose:
Heart:	Lungs:
Abdomen & Pelvis:	Hernia or Enlarged Rings:
Back & Spine:	Skin:
Throat:	Mental Disposition:

Injury, Operation or Illness:

Does the student have any previous medical conditions to declare?  Yes  No

If yes, please specify:

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**Certification of Fitness**

The student is physically and mentally **Fit / Unfit\*** to pursue the stated course of study at Ngee Ann Polytechnic.

Remarks, if any:

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**PART C: TO BE COMPLETED BY THE EXAMINING DOCTOR**

Name of Doctor:	Name & Address of Practice:
Signature of Doctor:	Date:

<sup>3</sup> **Tdap:** 1 dose of Tdap, if students have not previously received it, and followed by Td booster once every 10 years.

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Screening and Vaccination Requirements for Nursing students extracted from MH114:21/25 dated 12/12/2018.

Infectious Disease	Previous recommendations for vaccination	Latest recommendations for vaccination	Acceptable evidence of immunity
<b>Updated vaccine recommendations</b>			
Mumps, Measles and Rubella (MMR)	<ul style="list-style-type: none"> <li>2 doses; minimum interval of at least 4 weeks apart</li> </ul>	<ul style="list-style-type: none"> <li>If students do not have documented evidence of immunity, 2 doses; minimum interval of at least 4 weeks apart</li> <li>Students who only received one dose of MMR during childhood should be vaccinated with a second dose of MMR</li> </ul>	<ul style="list-style-type: none"> <li>Documented proof of vaccination; or</li> <li>Serological evidence of immunity against <b>all</b> three diseases; <b>or</b></li> <li>Laboratory confirmation of <b>all</b> three diseases</li> </ul>
Tetanus, Diphtheria and Pertussis (Tdap)	<ul style="list-style-type: none"> <li>1 dose of Tdap, irrespective of the interval since the last dose of tetanus or diphtheria containing vaccine</li> </ul>	<ul style="list-style-type: none"> <li>1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years</li> <li>If students have previously received 1 dose of Tdap, Td booster is recommended once every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Documented proof of vaccination with Tdap or Td in the last 10 years</li> </ul> <p><i>[Note: The acceptable evidence of immunity has also been updated.]</i></p>
Hepatitis B <i>[Note: Students who perform or assist in exposure-prone procedures must be screened]</i>	<ul style="list-style-type: none"> <li>Primary vaccination consists of 3 doses at 0, 1 and 6 months.</li> <li>Students with anti-HBs concentrations of &lt;10 mIU/mL should be revaccinated with a second 3-dose series, followed by anti-HBs testing.</li> </ul>	<ul style="list-style-type: none"> <li>Primary vaccination consists of 3 doses at 0, 1 and 6 months</li> <li>All students who do not have evidence of immunity should be vaccinated (those practising EPPs <b>must</b> be vaccinated) with a primary 3-dose vaccination series, followed by post-vaccination serology test (anti-HBs testing) within 1-2 months after completion of the primary 3-dose vaccination series to determine the level of protective antibodies (i.e. anti-HBs <math>\geq 10</math> mIU/mL).</li> <li>Students with post-vaccination anti-HBs concentrations of &lt;10 mIU/mL should be revaccinated with a single booster dose (followed by 2 more booster doses if there is no immune response) or a second 3-dose series,</li> </ul>	<ul style="list-style-type: none"> <li>Documented proof of vaccination; <b>and</b> post-vaccination serological evidence of immunity (anti-HBs concentrations of <math>\geq 10</math> mIU/mL); <b>or</b></li> <li>Serological evidence of immunity (anti-HBs concentrations of <math>\geq 10</math> mIU/mL)</li> </ul>

		<p>followed by anti-HBs testing within 1 to 2 months</p> <ul style="list-style-type: none"> <li>▪ If there is still no immune response after two cycles of vaccination (i.e. primary 3-dose series followed by serological testing and an additional 3-dose series or 3 booster doses followed by serological testing), refer the non-responder to an Occupational Health physician for counselling</li> <li>▪ If an immune response has been documented (i.e. anti-HBs<math>\geq</math>10 mIU/mL), further serological testing and booster doses are not required</li> </ul>	
<p>Varicella (Chickenpox)</p>	<ul style="list-style-type: none"> <li>▪ 2 doses; minimum interval of 4-8 weeks apart</li> </ul>	<p>All students should be immune or vaccinated.</p> <ul style="list-style-type: none"> <li>▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; or</li> <li>▪ Serological evidence of immunity; or</li> <li>▪ Diagnosis or verification of history of varicella disease by a physician or laboratory</li> </ul> <p>When the past history of varicella is uncertain, serology testing should be carried out to confirm immunity against varicella.</p>	<ul style="list-style-type: none"> <li>▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; <b>or</b></li> <li>▪ Serological evidence of immunity; or</li> <li>▪ Diagnosis or verification of history of varicella disease by a physician or laboratory</li> </ul>