

PRE-ADMISSION MEDICAL EXAMINATION FORM

Continuing Education and Training (CET) Nursing Programmes

Instructions for Completing this Form

- 1) This form consists of Part A, B and C. Complete Part A, and bring this form together with your NRIC/ Passport, health booklet, vaccination records downloaded from National Immunisation Registry (<https://www.nir.hpb.gov.sg>) and past medical history record/s (if any) to **any clinics in Singapore that conduct pre-admission medical examination.**
- 2) The cost of the medical examination, and all the required tests and vaccinations will be borne by the student applying for the CET nursing programmes.
- 3) Failure to undergo the medical examination or any false declaration will render you liable to appropriate action, including dismissal from the course offered.
- 4) Students with history of psychiatric illnesses must be assessed by a psychiatrist to be mentally fit to pursue the course and obtain a medical memo before the pre-admission medical examination. All fees are to be borne by the student.
- 5) Students to submit the **medical examination form (completed, signed and stamped)** together with **attached reports (chest X-ray and blood investigation)** addressed to the following.
 Attention: CET Nursing Programmes
 Continuing Education and Training Academy (CETA)
 Ngee Ann Polytechnic (NP)
 535, Clementi Road, Block 50-01-01,
 Singapore 599489

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 CET nursing courses to undergo a pre-admission medical examination, including a chest X-Ray. The following medical conditions may lead to non-acceptance into this course.

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 ¹		
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):		

If your answer is “Yes” to any of the above, please provide further details below or attach supporting documents (if any):

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 (Tdap/DPT).

I am aware that referrals may be required at the discretion of the examining doctor. All fees are to be borne by the student.

Signature of Student:	Date of Signature:
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¹ Students with history of psychiatric illnesses **must** be assessed by a psychiatrist to be mentally fit to pursue the CET nursing courses and obtain a medical memo before the pre-admission medical examination.

PART B: MEDICAL EXAMINATION <TO BE COMPLETED BY THE EXAMINING DOCTOR>

Height (m) : _____ Weight (kg) : _____ BMI : _____	<u>Urine Analysis</u> Glucose : _____ Protein : _____ Blood : _____	<u>Visual Acuity</u> R L With Glasses _____ _____ Without Glasses _____ _____ Colour Deficiency <u>Yes</u> <u>No</u> Type of colour deficiency _____ <small>#To specify if student has colour deficiency e.g. partial or full, colour deficits in red-green or blue-yellow.</small>
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As per MOH's requirement, students enrolled in the nursing programmes **must be vaccinated** against Hepatitis B, Chickenpox, Mumps, Measles & Rubella (MMR), Diphtheria, Pertussis & Tetanus (Tdap/DPT) and be screened for Hepatitis B, C and Human Immunodeficiency Virus (HIV). All students are also required to do a chest X-ray.

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

<p>Chest X-ray (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>Blood Investigations</p> <p>1. Haemoglobin: _____ gm/dL</p> <p>2. Blood screening results for Hepatitis B, Hepatitis C, Chickenpox and HIV (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 Antigen²</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HBs Antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anti-HCV, Total²</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chickenpox Antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIV Antigen²</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Refer to Annex B for the blood screening and vaccination requirements for health science students that will apply to all in-flight and newly enrolled nursing students. All students enrolled in nursing programmes MUST be vaccinated against Hepatitis B, Chickenpox, MMR and Tdap.</p> <p>Based on the blood screening results and/or vaccination records, please complete the table below.</p> <table border="1"> <thead> <tr> <th>Type of Vaccination</th> <th>Number of Dose/Booster Dose Required</th> <th>Date of 1st Dose</th> <th>Date of 2nd Dose</th> <th>Date of 3rd Dose</th> </tr> </thead> <tbody> <tr> <td>Hepatitis B</td> <td>1 / 2 / 3 / Not Required*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chickenpox</td> <td>1 / 2 / Not Required*</td> <td></td> <td></td> <td style="background-color: #cccccc;">NA</td> </tr> </tbody> </table> <p><small>*Circle where appropriate, Not Required = Presence of Immunity</small></p>	Type of Blood Screening	Non-Reactive	Reactive	Remarks if any	HBs Antigen ²				HBs Antibody				Anti-HCV, Total ²				Chickenpox Antibody				HIV Antigen ²				Type of Vaccination	Number of Dose/Booster Dose Required	Date of 1 st Dose	Date of 2 nd Dose	Date of 3 rd Dose	Hepatitis B	1 / 2 / 3 / Not Required*				Chickenpox	1 / 2 / Not Required*			NA
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² Those who screen positive for BBD (Hep B, Hep C & HIV) should receive post-screening counselling by a registered medical practitioner. They must also accept certain restrictions to their clinical training and future practice i.e. they will not be allowed to perform or assist with exposure-prone procedures.

3. Immunity status of Tdap and MMR

(To verify students' immunity status by Health Booklet record or Vaccination Record downloaded from National Immunisation Registry)

Type of Vaccination	Evidence of Immunity	Number of Dose/Booster Dose Required	Date of 1st Dose	Date of 2 nd Dose
MMR^a	Yes / No*	1 / 2 / Not Required*		
Tdap^b	Yes / No*	1 dose of Tdap / 1 Td booster* / if not required, specify the date of last Tdap received _____(dd/mm/yyyy)		NA

*Circle where appropriate

- a. **MMR:** If students do not have documented evidence of immunity, 2 doses; 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.
- b. **Tdap:** 1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years.

PHYSICAL EXAMINATION

Ears:	Nose:
Throat:	Heart:
Pulse:	Blood Pressure:
Abdomen & Pelvis:	Hernia or Enlarged Rings:
Back & Spine:	Haemorrhoids:
Skin:	Injury, Operation or Illness:
Lungs:	Mental Disposition [#] : (*refer to 4a&4b under certification of fitness by the examining Doctor)
Ears:	Nose:

General Physique:

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

If yes, please specify:

CERTIFICATION OF FITNESS BY THE EXAMINING DOCTOR

 Healthcare professionals are required to meet specific requirements. Applicants for the nursing programmes are therefore to **be certified to have the following abilities to perform patient care activities in a safe and effective manner:**

- Physical ability to move around in clinical environment, walk/stand, bend, reach, lift, climb, push and pull, carry objects and perform complex sequences of hand-eye coordination.
- Auditory ability to hear faint body sounds, auditory alarms and normal speaking level sounds (i.e. blood pressure sounds, monitors, call bells and person-to-person report).
- Visual ability to detect changes in physical appearance, colour and contour, read medication labels, syringes, manometers, and written communication accurately.
- Mental ability (interpersonal ability and behavioural stability) to provide safe care to populations, as well as safety to self, and demonstrate self-control and behavioural stability to function and adapt effectively and sensitively in a dynamic role.
 - Students with history of psychiatric illnesses **must** submit a medical memo from the psychiatrist.
 - Students suspected to have psychiatric illnesses should be referred to a psychiatrist for further assessment before certification of fitness.

All applicants applying for nursing programmes **MUST** be able to receive the four types of vaccinations (Hepatitis B, Chickenpox, MMR and Tdap) mandated by the Ministry of Health.

Certification of Fitness

The student is **Fit / Unfit*** to pursue the nursing programmes at Ngee Ann Polytechnic.

Remarks, if any:

*Circle where appropriate.

PART C: TO BE COMPLETED BY THE EXAMINING DOCTOR

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

Annex B
Screening and Vaccination Requirements for Nursing students in accordance with the Ministry of Health guidelines

Infectious Disease	Previous recommendations for vaccination	Latest recommendations for vaccination	Acceptable evidence of immunity
Updated vaccine recommendations			
Mumps, Measles and Rubella (MMR)	<ul style="list-style-type: none"> ▪ 2 doses; minimum interval of at least 4 weeks apart 	<ul style="list-style-type: none"> ▪ If students do not have documented evidence of immunity, 2 doses; minimum interval of at least 4 weeks apart ▪ Students who only received one dose of MMR during childhood should be vaccinated with a second dose of MMR 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination; or ▪ Serological evidence of immunity against all three diseases; or ▪ Laboratory confirmation of all three diseases
Tetanus, Diphtheria and Pertussis (Tdap)	<ul style="list-style-type: none"> ▪ 1 dose of Tdap, irrespective of the interval since the last dose of tetanus or diphtheria containing vaccine 	<ul style="list-style-type: none"> ▪ 1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years ▪ If students have previously received 1 dose of Tdap, Td booster is recommended once every 10 years 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination with Tdap or Td in the last 10 years
Hepatitis B	<ul style="list-style-type: none"> ▪ Primary vaccination consists of 3 doses at 0, 1 and 6 months. ▪ Students with anti-HBs concentrations of <10 mIU/mL should be revaccinated with a second 3-dose series, followed by anti-HBs testing. 	<ul style="list-style-type: none"> ▪ Primary vaccination consists of 3 doses at 0, 1 and 6 months ▪ All students who do not have evidence of immunity should 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 ≥ 10 mIU/mL). ▪ Students with post-vaccination anti-HBs concentrations of <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, followed by anti-HBs testing within 1 to 2 months 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination; and post-vaccination serological evidence of immunity (anti-HBs concentrations of ≥ 10 mIU/mL); or ▪ Serological evidence of immunity (anti-HBs concentrations of ≥ 10 mIU/mL)

		<ul style="list-style-type: none"> ▪ 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 ▪ If an immune response has been documented (i.e. anti-HBs\geq10 mIU/mL), further serological testing and booster doses are not required 	
Varicella (Chickenpox)	<ul style="list-style-type: none"> ▪ 2 doses; minimum interval of 4-8 weeks apart 	<p>All students should be immune or vaccinated.</p> <ul style="list-style-type: none"> ▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; or ▪ Serological evidence of immunity; or ▪ Diagnosis or verification of history of varicella disease by a physician or laboratory <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"> ▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; or ▪ Serological evidence of immunity; or ▪ Diagnosis or verification of history of varicella disease by a physician or laboratory