

**MEDICAL REQUIREMENTS**

- This medical examination is only applicable to students who have been offered **Nursing and Oral Health Therapy** courses.
- Urine test:
  - Students should drink adequate plain water prior to the test.
  - Female students who are menstruating should wait at least 3 days after their menstrual cycle before undergoing the test.
  - Students with 'abnormal' urine test result would need to return to the clinic for a re-test after 14 days.
- Referrals:
  - May be required at the discretion of the examining doctor. Fees from referrals are to be borne by the student.
  - Students with or suspected to have psychiatric problems must be referred to a psychiatrist for further assessment before certification of fitness. A medical report from the psychiatrist should be attached.

**PART A: TO BE COMPLETED BY STUDENT**

**Personal Particulars**

Full Name:		NRIC/Passport/FIN No.:					
Diploma Course:		Admission No.:					
Date of Birth:	Gender:	F / M		Tel/Handphone:			
Contact Address:							

**Personal Medical Record**

Have you ever had or have any of these medical conditions? Please tick 'Yes' or 'No' in all the empty boxes.

	Yes	No		Yes	No		Yes	No
Asthma			Vision Loss*			Psychiatric Conditions		
Diabetes			Hearing Loss*			Physical Disability*		
Hepatitis B/C/E			Tuberculosis (TB)			Any Surgical Operations		
Allergies			Gastric Problems			Dyslexia*		
AIDS/HIV Positive			Heart Problems			Autism/Asperger's Syndrome*		
High Blood Pressure			Kidney Problems			Attention Deficit Hyperactivity Disorder (ADHD)*		
Blood Disorder			Chronic Skin Disease			Others		
Eating Disorders			Epilepsy/Fits					

\*Early intervention and transition support will be provided upon declaration and submission of diagnostic/medical/psychological report.

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

\_\_\_\_\_

\_\_\_\_\_

**Family Medical Record**

Do any of your parents or sibling(s) have any of these medical conditions? Please tick 'Yes' or 'No' in all the empty boxes.

	Yes	No		Yes	No		Yes	No
Diabetes			Psychiatric Conditions			Tuberculosis		
Hepatitis B/C/E			Paralysis or Stroke			Heart Problems		
High Blood Pressure			AIDS/HIV Positive			Kidney Problems		

Hospitals **do not** accept students with visible body art (tattoo) for clinical postings. Do you have body art (tattoo) that is **visible** when you are in short-sleeved uniform? (**Yes / No**). If yes, (state location) \_\_\_\_\_

Visible body art must be fully concealed during clinical postings according to individual healthcare institution's guidelines.

Any other information: \_\_\_\_\_

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 Nanyang Polytechnic for the purpose of processing my enrolment. Should I be admitted to Nanyang Polytechnic on the basis of the information given in this report which may later turn out to be false or inaccurate, I understand that I may be subject to sanctions by Nanyang Polytechnic, including but not limited to civil action, disciplinary action, dismissal from course, forfeiture of fees, fine and other disciplinary measures.

I am aware that I will need to be screened for blood borne diseases (Hepatitis B, Hepatitis C, HIV) and undergo immunisation against Hepatitis B, Chicken Pox, Mumps, Measles, Rubella, Tetanus, Diphtheria and Pertussis. The cost for these tests and vaccinations will be borne by me.

I acknowledge that the requirements and guidelines applicable to healthcare staff of healthcare institutions will similarly be applicable to me as a healthcare student. I undertake to comply with such requirements and guidelines, and I understand that failure to do so may affect my ability to complete the course requirements, graduate, obtain registration and/or employment and/or fulfil my bond obligations.

Signature of Student/Date: \_\_\_\_\_

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

Height (m): _____ Weight (kg): _____ BMI: _____	Urine Analysis:    Glucose    _____ Protein    _____ Blood    _____
Acuity of Vision:                      R                      L Glasses/Contact lens                      _____                      _____ No Glasses/Contact lens                      _____                      _____  Remarks: _____	Colour Vision (Ishihara Test): Normal <input type="checkbox"/> Partial Colour Deficiency <input type="checkbox"/> Complete Colour Deficiency <input type="checkbox"/>  Types of Colour Deficiency : _____
Chest X-ray: <b>Normal / Abnormal*</b>  Remarks: _____	History of Epilepsy: <b>Yes / No*</b>  Remarks: _____
Pulse: _____	Blood Pressure: _____
Ears: _____	Nose: _____
Tonsils: _____	Heart: _____
Skin: _____	Abdomen & Pelvis: _____
Hernia or Enlarged Rings: _____	Back/Spine: _____
Mental Disposition: _____	Injury, Operation or Illness: _____
<p><b>Hepatitis C</b></p> <p><input type="checkbox"/> Reactive                      <input type="checkbox"/> Carrier</p> <p><input type="checkbox"/> Non-Reactive</p> <p>Date of Serological Test: _____</p> <p>Serological test is valid for up to 6 months</p>	<p><b>HIV</b></p> <p><input type="checkbox"/> Reactive</p> <p><input type="checkbox"/> Non-Reactive</p> <p>Date of Serological Test: _____</p> <p>Serological test is valid for up to 6 months</p>

# IMMUNITY STATUS

Documentary evidence of serological tests and/or vaccination dates is compulsory. This table must be duly completed.

## Chicken Pox

Immune                       Not Immune

Date of Serological Test:  
\_\_\_\_\_

**OR**

Vaccination Date:  
\_\_\_\_\_

**OR**

History of Chicken Pox based on physician's diagnosis

## MMR

Immune                       Not Immune

Date of Serological Test:  
\_\_\_\_\_

**OR**

Vaccination Dates:  
\_\_\_\_\_  
\_\_\_\_\_

2-dose series of MMR is required (Students who only received one dose of MMR during childhood should be vaccinated with second dose of MMR).

## Hepatitis B

Immune\*                       Carrier

Not Immune

Date of Serological Test:  
\_\_\_\_\_

Vaccination Dates (if any):  
\_\_\_\_\_  
\_\_\_\_\_

\*A previous post-vaccination record of Anti-HBs Ab  $\geq$  10mIU/mL is acceptable evidence of immunity.

## Tetanus, Diphtheria & Pertussis

Immune                       Not Immune

Vaccination Date:  
\_\_\_\_\_

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap)

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.

## COVID-19

Vaccinated

Not Vaccinated / Partially Vaccinated

Date of Vaccination:                      Brand of vaccination:                      Reason for being partially vaccinated or not vaccinated:

Dose 1: _____	_____	_____
Dose 2: _____	_____	_____
Dose 3: _____	_____	_____
Dose 4: _____	_____	_____
Dose 5: _____	_____	_____

**Certification of Fitness**

- 1) I have today completed a medical examination of this student. I find him/her to be
  - **Free / Suffering\*** from organic and infectious diseases
- 2) The student is physically and mentally
  - **Fit / Unfit\*** to pursue the selected course of study at Nanyang Polytechnic (if unfit, please proceed to Qn 3)
- 3) The student is unfit for the selected course but **Fit / Unfit\*** to pursue other courses at Nanyang Polytechnic

Remarks, if any

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**\* Delete where appropriate. The student is deemed unfit unless certified fit.**

Name of Doctor:

Signature of Doctor:

Name and Address of Practice (Stamp):

Date of Medical Examination:

## MEDICAL REQUIREMENTS FOR NURSING AND ORAL HEALTH THERAPY STUDENTS

1. As the delivery of direct patient care is a requisite of healthcare professions, students enrolling for the Nursing and Oral Health Therapy courses must pass a medical examination and be certified to have the following abilities to perform patient care activities in a safe and effective manner:
  - **Mental-Cognitive ability** (interpersonal-communication ability and behavioural stability) to:
    - a. provide safe care to populations, including safety to self
    - b. demonstrate emotional-behavioural stability to function under the stress and pressure when performing nursing care on patients
    - c. remain calm when being observed by instructors and other health care personnel during clinical practice attachments.
  - **Physical ability** to:
    - a. move around in the clinical environment, walk/stand, bend, reach, lift climb, push and pull, carry objects
    - b. perform patient transfers and complex sequences of hand-eye coordination.
  - **Auditory ability** to hear:
    - a. faint body sounds
    - b. auditory alarms
    - c. normal speaking level sounds (i.e. blood pressure sounds, monitors, call bells and person-to-person report).
  - **Visual ability** to:
    - a. detect changes in physical appearance, colour and contour
    - b. read accurately medication/ drug labels, markings on syringes, manometers, written and electronic communication.
2. In accordance with the Singapore Ministry of Health (MOH) requirements, it is **compulsory** for all Nursing and Oral Health Therapy students to be screened for the following blood borne diseases:
  - Hepatitis B
  - Hepatitis C
  - HIV
3. Students are required to go for immunisation against Hepatitis B **within 3 months of course commencement**, if found to be non-immune. Students are also required to go for Chicken Pox and MMR vaccinations **within 3 months of course commencement**, if they have not been vaccinated or are found to be non-immune.
4. Students who are screened positive for blood borne diseases may be admitted to the Nursing and Oral Health Therapy courses provided they accept certain restrictions to their training and future practice i.e. they will not be allowed to perform or assist with exposure-prone procedures.
5. Please note that the health screening fees charged for Hepatitis B, Hepatitis C, and HIV will be in addition to the medical examination fees. Such screening and vaccination fees may be reimbursed by Post-Secondary Education Account for Singaporeans (provided sufficient fund is available).
6. **Please bring your health booklets (for Singaporeans) or any other documentary proof of vaccination records to the clinic.**

## ADDITIONAL NOTES

- You must undergo a medical check-up and X-ray by a **Singapore registered medical practitioner**. You are **strongly encouraged** to go to our appointed clinic – **Pinnacle Family Clinic** for pre-enrolment medical examination (please refer to the next page for locations & opening hours). *You may choose to visit a private clinic or your own family doctor.*
- The information provided will be kept strictly confidential and used for assessing fitness for course admission only. Fees incurred for the test are to be borne by student.
- Please ensure Part B of your report is duly completed by the doctor before you leave the clinic.
- Wear plain blouse or t-shirt **without** buttons, collar, printed logo or design, pockets and embroidered logo or design. Please wear your glasses or contact lens (if applicable).
- Bring the following items to the clinic:
  - This medical report with Part A duly completed and signed by you.
  - Requirement (e.g. health booklet, records of vaccinations) listed on Pages 5 & 6.
- **Submission** of the completed medical report:

Students who did medical check-up at <b><u>Pinnacle Family Clinic</u></b>  Hotline: 96408713 (whatsapp message or call for all enquiries) <a href="mailto:nypenrolment@pinnaclefamilyclinic.com.sg">nypenrolment@pinnaclefamilyclinic.com.sg</a>  Appointment Booking: <a href="https://nyp.timetap.com">https://nyp.timetap.com</a>	No submission of medical report to NYP is required as the clinic will do so on your behalf. Please collect your medical report from Pinnacle Family Clinic and retain your medical report personally because it will be needed for your clinical postings.
Students who did medical check-up at <b><u>other clinics</u></b>	Upload the medical report by following the instructions given on NYP Online Enrolment System or NYP Enrolment Website: <a href="http://www.nyp.edu.sg/enrolment">www.nyp.edu.sg/enrolment</a>
Students <b><u>transferred</u></b> from another Polytechnic	If you have already done the check-up, please inform us via email at <a href="mailto:NYP_Admissions_Office@nyp.edu.sg">NYP_Admissions_Office@nyp.edu.sg</a> , indicating clearly the Polytechnic you have submitted the medical report to. NYP will follow-up on your behalf.
International Students	Collect the completed ICA Medical Examination Report from the clinic <b><u>personally</u></b> for submission to ICA.

- For **International Students**, an **additional** Medical Examination Report is required by ICA for your Student's Pass Application. The report can be downloaded from NYP Online Enrolment System or ICA Website : [www.ica.gov.sg/eservicesandforms/all-forms](http://www.ica.gov.sg/eservicesandforms/all-forms).

**Important:**

- If you are unable to complete the medical examination before the deadline given, please inform us via email at [NYP\\_Admissions\\_Office@nyp.edu.sg](mailto:NYP_Admissions_Office@nyp.edu.sg). **Failure to submit your medical report may result in you being deemed medically unfit to pursue the course.**
- If you have been **certified unfit** to pursue your offered course, **please inform us immediately via email at [NYP\\_Admissions\\_Office@nyp.edu.sg](mailto:NYP_Admissions_Office@nyp.edu.sg) with the email subject "Certified Unfit for Health Science Course". State clearly your Student Admission Number, Name, Contact Number and Course Offered.**

## Appointed Clinics

Clinics	Locations	Operating Hours
<b>Pinnacle Family Clinic (River Valley)</b>	240 River Valley Rd Singapore 238297	Mondays to Fridays: 8:30AM–1PM, 2PM–5PM Saturdays: 9AM–1PM Sundays: 9AM–12PM
<b>Pinnacle Family Clinic (Compassvale)</b>	289C Compassvale Crescent #01-04 Singapore 543289	Mondays: 8AM–1PM, 2–5PM, 6PM-10PM Tuesdays to Fridays: 8AM–12PM, 1PM-3PM, 6PM-9.30PM Saturdays: 9AM–1PM Sundays: 9AM–12PM, 6.30PM-9.30PM
<b>Pinnacle Family Clinic (Woodlands)</b>	Blk 573 Woodlands Drive 16 #01-06 Woodlands Glen Singapore 730573	Mondays: 8AM–1PM, 2PM–5PM, 6PM-10PM Tuesdays to Fridays: 8AM–12PM, 1PM-3.30PM, 6PM-10PM Saturdays: 9AM–1PM Sundays: 9AM–12PM, 6.30PM-9.30PM
<b>Pinnacle Family Clinic (Buangkok Square)</b>	991 Buangkok Link #02-05 Buangkok Square Singapore 530991	Mondays: 8AM–1PM, 2PM–5PM, 6PM-10PM Tuesdays to Fridays: 8AM–12PM, 1PM-3PM, 6PM-9PM Saturdays: 9AM–1PM Sundays: 9AM-12PM
<b>Pinnacle Family Clinic (Serangoon North)</b>	Blk 518 Serangoon North Ave 4 #B1-208 Singapore 550518	Mondays to Saturdays: 9AM–1PM Sundays: CLOSED
<b>Pinnacle Family Clinic (Pasir Ris)</b>	Blk 571 Pasir Ris St 53 #01-50 Singapore 510571	Mondays to Thursdays: 9AM–1PM, 2-5PM, 6PM–9PM Fridays to Saturdays: 9AM–1PM Sundays: 9AM–12PM
<b>Pinnacle Family Clinic (Yew Tee)</b>	Blk 790 Choa Chu Kang North 6 #01-238 Singapore 680790	Mondays, Wednesdays and Fridays: 9AM–1PM, 2PM-4PM, 6PM-9PM Tuesdays and Thursdays: 9AM–1PM, 2PM-4PM Saturdays: 9AM–1PM Sundays: CLOSED
<b>Pinnacle Family Clinic (Northshore Plaza 1)</b>	407 Northshore Drive #02-18 Singapore 820407	Mondays: 9AM-3PM, 6PM-9PM Tuesdays to Fridays: 9AM-2PM, 6PM-9PM Saturdays: 9AM–1PM Sundays: 9AM–12PM

### Medical Examination Fees:

<p>Pre-enrolment Medical Screening includes:</p> <ol style="list-style-type: none"> <li>1. Medical Consultation</li> <li>2. Completion of Polytechnic's Medical Report</li> <li>3. Height / Weight / BMI/ Blood Pressure</li> <li>4. Visual Acuity</li> <li>5. Ishihara Colour Blindness Test</li> <li>6. Urine Dipstick: Glucose, Albumin &amp; Blood</li> <li>7. Chest Xray – Report only</li> <li>8. HIV Screening</li> <li>9. Hepatitis B Screening (Surface Antigen/Antibody)</li> <li>10. Hepatitis C (Anti-HCV) Screening</li> </ol>	<p><b>\$68 (before GST)</b></p>
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**Please note that information on the clinics and fees is accurate at the point of publishing of this form. Please visit Pinnacle Family Clinic website at [pinnaclefamilyclinic.com.sg](http://pinnaclefamilyclinic.com.sg) for updates on operating hours.**