



MEDICAL EXAMINATION FORM (2017)

This form may take you 5 minutes to complete. The information provided will be kept strictly confidential and will be used only for the purpose of assessing fitness for course admission.

PART A – TO BE COMPLETED BY STUDENT											
Full Name:		Admission Number:									
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									
Contact Number:	(Mobile)	(Home)	NRIC / Passport / FIN:								
Course:											
Have you ever had or do you currently have any of these medical conditions and / or special needs? If you tick (✓) 'Yes' to any of the following, please provide details (e.g. when was the condition first identified, whether you are on medication or followup) and attach your medical report where applicable:											
Medical Conditions	No	Yes									
Active Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Allergies	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Asthma	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Colour Vision Deficiency	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
HIV Positive / AIDS	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Hypertension	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Psychiatric condition	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Others	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Special Needs	No	Yes									
Attention Deficit Hyperactivity Disorder (ADHD / ADD)	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Hearing Impairment (Loss)	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Visual Impairment [excluding Myopia (Short-sightedness)]	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Others	<input type="checkbox"/>	<input type="checkbox"/> please provide details									
Other Information	No	Yes									
Do you smoke? Smoking is a disciplinary offence on campus	<input type="checkbox"/>	<input type="checkbox"/> _____ sticks per day									
I declare that all information provided above is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant fact. I agree to a medical practitioner completing the report overleaf for submission to Singapore Polytechnic (SP) on my behalf.											
			Student's Signature & Date								

PART B – TO BE COMPLETED BY THE EXAMINING DOCTOR (REGISTERED IN SINGAPORE)	
Student's Full Name: _____	Student's NRIC / Passport / FIN: _____
Height (m) _____ Weight (kg) _____ BMI _____ BMI >= 23: Moderate-High Risk $\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$	Urine Analysis: Glucose _____ Protein _____ Blood _____
Acuity of Vision: R _____ L _____ Without glasses / contact lenses _____ With glasses / contact lenses _____	Colour Vision (Ishihara Test): Tick (✓) 1 only <input type="checkbox"/> Normal <input type="checkbox"/> Partial: Red / Green deficiency <input type="checkbox"/> Complete: Red / Green deficiency
Chest X-ray: Tick (✓) 1 only <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify abnormality) _____	History of Epilepsy: Tick (✓) 1 only <input type="checkbox"/> No <input type="checkbox"/> Yes, Recovered <input type="checkbox"/> Yes, Still on medication
<u>Physical Examination:</u>	
Eyes _____	Blood Pressure _____
Ears _____	Pulse _____
Nose _____	Heart _____
Teeth _____	Abdomen & Pelvis _____
Gums _____	Hernia or Enlarged Rings _____
Tonsils _____	Back & Spine _____
Skin _____	Mental Disposition _____
Injury, Operation or Illness _____	
<u>Referrals:</u> <ul style="list-style-type: none"> Students with epilepsy and who are also offered SP Engineering courses must be referred to a Designated Workplace Doctor (DWD) who will assess their fitness for the courses that they are offered. Students with or suspected to have psychiatric condition must be referred to a psychiatrist for further assessment. All fees will be borne by the students. 	<u>Blood Test:</u> <ul style="list-style-type: none"> May be required at the discretion of the Examining Doctor. All fees will be borne by the students. Test result: _____
<u>Certification of Fitness:</u> (*delete where appropriate – the student is deemed unfit unless certified fit) <ul style="list-style-type: none"> I have today completed a medical examination of this student. I find him / her to be <ul style="list-style-type: none"> Free / Not Free* from organic and infectious diseases. The student is physically and mentally <ul style="list-style-type: none"> Fit / Not Fit* to pursue the course offered (indicated overleaf) Fit / Not Fit* to pursue any other course / other courses* _____ Remarks (if any) : _____ 	
<u>To be completed if the student is offered Diploma in Marine Engineering</u> (*delete where appropriate) <ul style="list-style-type: none"> The student is Fit / Not Fit* to be employed on board ship as a Cadet Engineer / Engineer Officer. 	
<u>To be completed if the student is offered Diploma in Nautical Studies</u> (*delete where appropriate) <ul style="list-style-type: none"> The student is Fit / Not Fit* to be employed on board ship as a Cadet Deck Officer. 	
Name of Doctor: _____	Signature of Doctor: _____
Name & Address of Clinic (Clinic's Official Stamp): _____	Date: _____
Please return the completed form to: Admissions Office, Singapore Polytechnic, 500 Dover Road, Singapore 139651	



INSTRUCTIONS TO STUDENTS

1. The Medical Examination is only applicable to:
 - All students who have been offered Diploma in Nautical Studies; and
 - All International Students who have been offered any full-time diploma course in Singapore Polytechnic (SP).
2. Students would need to complete Part A of the Medical Examination Form and bring it to any medical practitioner registered in Singapore with their NRIC / Passport:
 - Students may visit a private clinic or their family doctor. Once students have received the completed Medical Examination Form from their doctor, they would need to submit it to SP via ONE of the following ways:
 - Submit it personally at SP Student Service Centre (Blk T16, Level 1); OR
 - Post it to SP Admissions Office, Singapore Polytechnic, 500 Dover Road, Singapore 139651.
 - Alternatively, students may visit any of the clinics listed overleaf. The clinic will submit the completed Medical Examination Form to SP directly.
3. Urine Test:
 - Students should drink adequate plain water prior to their urine test.
 - Female students who are menstruating should wait at least 3 days after their menstrual cycle before undergoing the urine test.
 - Students with “abnormal” urine test result would need to return to the clinic for a re-test after 14 days.
4. Bespectacled students are required to bring their pair of glasses for the Medical Examination.
5. The Medical Examination fees and Referral fees (including referral to Designated Workplace Doctors or other specialists) will be borne by the students. Students who have been recommended by the Examining Doctor to undergo a blood test should note that the cost of the blood test is additional. Initial blood test is estimated to cost S\$20.00.
6. Students with the following medical conditions or special needs may encounter difficulties in meeting the requirements and expectations for the courses they have been offered:

Medical Conditions or Special Needs	Courses
Colour Vision Deficiency	<ul style="list-style-type: none"> • Aeronautical Engineering • Aerospace Electronics • Applied Chemistry • Biomedical Science • Biotechnology • Chemical Engineering • Electrical & Electronic Engineering <ul style="list-style-type: none"> • Energy Systems and Management • Engineering Systems • Food Science & Technology • Marine Engineering • Nautical Studies [<i>Note: Students must pass the Maritime & Port Authority of Singapore (MPA) Sight Test</i>]
Hearing Loss (Partial or Complete)	<ul style="list-style-type: none"> • Aeronautical Engineering <ul style="list-style-type: none"> • Aerospace Electronics
Epilepsy	<ul style="list-style-type: none"> • All SP Engineering courses

7. Students with Autism Spectrum Disorder may be referred to a psychiatrist for help to prepare for a new learning environment.
8. Students with any medical conditions or special needs that may impede him / her from pursuing the offered course would need to email to SP Admissions Office at contactus@sp.edu.sg immediately so that SP may try to arrange for a course transfer. Students should include the following information in their email:
 - Email Subject: Medical Conditions / Special Needs
 - Student’s full name and SP Admission Number;
 - The name of the course that was initially offered to him / her; and
 - Give details of their medical conditions / special needs.
9. Students who have questions on the Medical Examination can call SP on 6775-1133 during office hours (Monday to Friday, 8.30am to 5.30pm).

SATA CommHealth

Medical Examination fees (inclusive of 7% GST):	Singapore Citizens / Permanent Residents	International Students
Medical Check-up and X-Ray	S\$34.24	S\$49.22
DWD (Designated Workplace Doctors) Consultation for Epilepsy Review (For students with epilepsy and who are also offered SP Engineering courses)	S\$37.45	S\$37.45

- Students may wish to avoid the peak periods (weekday morning / Saturday) as the waiting time may be longer
- SATA CommHealth Enquiry Hotline: **6244-6688**

Clinic Address & Location**Clinic Operating Hours**

(Closed on Sundays and Public Holidays)

SATA CommHealth Uttamram Medical Centre351 Chai Chee Street SATA CommHealth Building
Singapore 468982**MRT Station** : Bedok Station**Bus Services** : 222 (From Bedok MRT Station Exit A)

Monday to Friday : 8.30 am to 5.00 pm

SATA CommHealth Woodlands Medical Centre900 South Woodlands Drive #04-01 Woodlands Civic Centre
Singapore 730900**MRT Station** : Woodlands Station**Bus Services** : Woodlands Regional Bus InterchangeSaturday : 8.30 am to 1.00 pm
Weekend Surcharge : S\$6.00**SATA CommHealth Jurong Medical Centre**Blk 135 Jurong Gateway Road #04-345
Singapore 600135**MRT Station** : Jurong East Station**Bus Services** : 51, 66, 78, 79, 97, 98, 105, 197Monday to Thursday : 8.30 am to 7.00 pm
Friday : 8.30 am to 5.00 pmSaturday : 8.30 am to 1.00 pm
Weekend Surcharge : S\$6.00**SATA CommHealth Ang Mo Kio Medical Centre**Blk 715 Ang Mo Kio Avenue 6 #01-4008 / 4010
Singapore 560715**MRT Station** : Ang Mo Kio Station**Bus Services** : Ang Mo Kio InterchangeMonday to Friday : 8.30 am to 5.00 pm
Night Clinic : 6.00 pm to 9.00 pm
Night Clinic Surcharge : S\$6.00Saturday : 8.30 am to 1.00 pm
Weekend Surcharge : S\$6.00**SATA CommHealth Tanjong Pagar Clinic**Blk 7 Tanjong Pagar Plaza #02-103
Singapore 081007**MRT Station** : Tanjong Pagar Station**Bus Services** : 80, 145Monday to Friday : 8.30 am to 12.00 pm
1.00 pm to 5.00 pmSaturday : 8.30 am to 1.00 pm
Weekend Surcharge : S\$6.00