



INSTRUCTIONS TO STUDENTS 2019

1. The Medical Examination is applicable to all students who are offered the Diploma in Nautical Studies.
2. Students would need to complete Part A of the Maritime and Port Authority of Singapore (MPA) Shipping Division, Record of Medical Examinations of Seafarer and Seafarer Medical Certificate Forms 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 MPA Shipping Division, Record of Medical Examinations of Seafarer and Seafarer Medical Certificate forms 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 MPA Shipping Division, Record of Medical Examinations of Seafarer and Seafarer Medical Certificate Forms 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 <ul style="list-style-type: none"> • Electrical & Electronic Engineering • 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\$35.31	S\$49.22
Medical Examination fees plus DWD (Designated Workplace Doctors) Consultation for Epilepsy Review (For students with epilepsy and who are also offered SP Engineering courses)	S\$48.15	S\$62.06

- 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** : 26, 222**SATA CommHealth Woodlands Medical Centre**900 South Woodlands Drive #04-01 Woodlands Civic Centre
Singapore 730900**MRT Station** : Woodlands Station**Bus Services** : Woodlands Regional Bus Interchange

Monday to Friday : 8.30 am to 5.00 pm

Saturday : 8.30 am to 1.00 pm

Weekend Surcharge : S\$6.00

SATA CommHealth Jurong Medical CentreBlk 135 Jurong Gateway Road #04-345
Singapore 600135**MRT Station** : Jurong East Station**Bus Services** : 51, 66, 78, 79, 97, 98, 105, 197**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 Interchange

Monday to Friday : 8.30 am to 5.00 pm

Night Clinic : 6.00 pm to 9.00 pm

Night Clinic Surcharge : S\$6.00

Saturday : 8.30 am to 1.00 pm

Weekend Surcharge : S\$6.00

SATA CommHealth Tanjong Pagar ClinicBlk 7 Tanjong Pagar Plaza #02-103
Singapore 081007**MRT Station** : Tanjong Pagar Station**Bus Services** : 80, 145

Monday to Friday : 8.30 am to 12.00 pm

1.00 pm to 5.00 pm

(Closed during lunch hour 12.00 pm to 1.00 pm)

Saturday : 8.30 am to 1.00 pm

Weekend Surcharge : S\$6.00

SATA CommHealth Tampines Medical Centre5 Tampines Central 6 #01-01A Telepark Building
Singapore 529482**MRT Station** : Tampines Station**Bus Services** : Tampines Interchange

Monday to Friday : 8.30 am to 5.00 pm

Saturday : 8.30 am to 1.00 pm

Weekend Surcharge : S\$6.00

SATA CommHealth Potong Pasir Medical Centre1 Siang Kuang Avenue
Singapore 347919**MRT Station** : Potong Pasir Station**Bus Services** : 8, 61, 64, 65, 66, 90, 125, 151, 154 (After Tai Thong Cres, Macpherson Rd), 13, 107, 107M, 133, 142, 147, 853, 853C (Opp Leong Bee Crt, Upp Serangoon Rd)

Monday to Friday : 8.30 am to 5.00 pm

Night Clinic : 6.00 pm to 9.00 pm

Night Clinic Surcharge : S\$6.00

Saturday & Sundays ^ : 8.30 am to 1.00 pm

Weekend Surcharge : S\$6.00

MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name in Full (BLOCK CAPITALS)		Sex: Male/Female
Date of Birth: day/month/year	Place of Birth:	Nationality:
Type of ID documents: NRIC No. / Passport No.:	Dept: Deck / Engine / Catering / others Rank:	Type of ship:
Home Address:	Routine and emergency duties:	Trading area: e.g coastal / world wide

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes No			Yes No	
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin Problem	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious / contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorder	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. Fracture/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "yes" to any of the above questions, please provide details:

Additional questions

Yes No

35. Have you ever been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37. Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>

38. Has your medical certificate even been restricted or revoked?		
39. Are you aware that you have any medical problems, diseases or illnesses?		
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41. Are you allergic to any medication?		
42. Are you using any non-prescription or prescription medication?		

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

_____ Date _____ Signature of Seafarer _____ Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. _____.

_____ Date _____ Signature of Seafarer _____ Name and Signature of Witness

Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

No

Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant		
Near			Near		

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour Vision (please tick)

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

Clinical Findings

Height	(cm)		Weight	(kg)	
Pulse rate	(per minute)		Rhythm		
Blood Pressure	Systolic (mm Hg)		Diastolic (mm Hg)		
Urinalysis:	Glucose :		Protein:		Blood:

	Normal	Abnormal
Head		
Sinus, nose, throat		
Mouth/teeth		
Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose Vein		
Vascular (inc. pedal pulse)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system		
Upper and lower extremities		
Spine (C/s, T/S, L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

Not performed

Performed on (day/month/year):

Results:

Other diagnostic test(s) and result(s):

Test

Results:

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty

Unfit for lookout duty

Visual aid required

Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				

Without restrictions

With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

Date

Signature of
Medical Practitioner

Medical Practitioner's name, licence number, address



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the 2010 Manila amendments to the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name in Full		Sex: Male/Female
Date of Birth: day/month/year	Nationality:	Passport/NRIC No.:

Declaration of the recognized medical practitioner

		Yes	No
1	Identification documents were checked at the point of examination?		
2	Hearing meets the standards in STCW Code Section A-I/9?		
3	Unaided hearing satisfactory?		
4	Visual acuity meets the standards in STCW Code Section A-I/9?		
5	Colour vision meets the standards in STCW Code Section A-I/9?		
	Date of last colour vision test:		
6	Fit for look out duty?		
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?		
8	No limitations or restrictions on fitness?		
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)		
10	Expiry of certificate: (day/month/year) <i>** Maximum two years from date of examination unless the seafarer is under the age of 18</i>		

Date	Signature of Medical Practitioner	Medical Practitioner's Official stamp (name, licence number, address etc)
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I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer