

INSTRUCTIONS TO STUDENTS (2023) DIPLOMA IN NAUTICAL STUDIES (DNS)

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 original NRIC / Passport:
 - International Students are also required to bring the [ICA medical examination form](#).
 - Students may visit any of the SATA CommHealth 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.
 - Alternatively, students may visit a private clinic or their family doctor (Singapore registered 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 are to submit to Singapore Polytechnic (SP) through <http://enrolment.sp.edu.sg> > **Upload Admission Documents**.
3. Urine Test at SATA CommHealth Clinics:
 - Students are required to drink adequate plain water for their urine test.
 - Female students should avoid the urine test during their menstruation. Urine test should be done at least 5 days after the last day of period.
 - Should the urine test detect “abnormal” reading, the student will be informed to do a retest.
 - Retest will incur additional cost outside of the original package.
4. Students are required to bring along their glasses.
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 further blood test should note that the cost of the blood test is additional.
6. Students with the following medical conditions or special needs may encounter difficulties in meeting the requirements and expectations of DNS course:
 - Colour Vision Deficiency
 - Hearing Loss (Partial or Complete)
 - Epilepsy
7. Students with Autism Spectrum Disorder may be referred to a psychiatrist for help to prepare for a new learning environment.
8. Students who have been offered DNS course and has a history of Epilepsy are required to submit their own specialist’s report or may be referred to a Designated Workplace Doctor (DWD) to be certified fit for the course.
9. Students with any medical conditions or special needs that may impede him / her from pursuing DNS 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.
10. Students who have questions on the Medical Examination can call SP at 6775-1133 during office hours (Monday to Friday, 8.30am to 5.30pm).

SATA CommHealth		
Medical Examination fees (inclusive of 8% GST):	Singapore Citizens / Singapore Permanent Residents	International Students
Seafarer Medical Screening	S\$89.59	S\$105.46
Seafarer Medical Screening plus DWD (Designated Workplace Doctors) Consultation with Epilepsy Review (For Students with epilepsy)	S\$121.99	S\$137.86
<ul style="list-style-type: none"> ○ During the Polytechnic intake periods, Students may experience a longer waiting time during the peak timings. It is advisable to avoid the weekends. ○ SATA CommHealth Enquiry Hotline: 6244-6688 8.30am to 5.00 pm (Monday to Friday) 8.30am to 1.00pm (Saturday) Closed on Sundays and Public Holidays ○ Students are advised to check SATA's Website at https://www.sata.com.sg for updated opening hours and availability of medical centres before proceeding to the clinics. ○ Appointment is required for Audiometry test. Students are advised to call SATA's hotline to make prior booking. 		
Clinic Address & Location	<ul style="list-style-type: none"> • Clinic Operating Hours*(Subject to changes) • Closed on Sundays and Public Holidays • Registration may close earlier to manage crowd flow when necessary 	
Ang Mo Kio Medical Centre 715 Ang Mo Kio Ave 6 #01-4008 / 4010 Singapore 560715 Bus Interchange: Ang Mo Kio Interchange MRT Station: Ang Mo Kio	Monday to Friday: 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> Saturday: 8.30am to 1.00pm	
Jurong Medical Centre 135 Jurong Gateway Road #04 -345 Singapore 600135 Bus Service: 51, 66, 78, 79, 97, 98, 105, 197 MRT Station: Jurong East	Monday to Friday: 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> Saturday: 8.30am to 1.00pm	
Potong Pasir Medical Centre 1 Siang Kuang Avenue Singapore 347919 Bus Service: 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) MRT Station: Potong Pasir	Monday to Friday: 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> Saturday: 8.30am to 1.00pm	
Uttamram (Bedok) Medical Centre 351 Chai Chee Street Singapore 468982 Bus Service: 26, 222 MRT Station: Bedok	Monday to Friday: 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> Saturday: 8.30am to 1.00pm FREE parking	
Woodlands Medical Centre 900 South Woodlands Drive #04-01 Woodlands Civic Centre Singapore 730900 Bus Interchange: Woodlands Regional Bus Interchange MRT Station: Woodlands	Monday to Friday: 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> Saturday: 8.30am to 1.00pm	

*Weekend & Night Clinic surcharge are waived for SP students.

Eve of Christmas, New Year & Chinese New Year (if falls on a working day): 8.30am to 12.30pm.

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)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer