



**MEDICAL EXAMINATION FORM (2019)**

*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.*

<b>SATA CommHealth</b>	<b>Singapore Citizens / Permanent Residents</b>	<b>International Students</b>
<b>Medical Examination fees</b> (inclusive of 7% GST):		
<b>Medical Check-up and X-Ray</b>	S\$35.31	S\$49.22
<b>Medical Examination fees plus DWD (Designated Workplace Doctors) Consultation for Epilepsy Review</b> (For students with epilepsy and who are also offered SP Engineering courses)	S\$48.15	S\$62.06
<ul style="list-style-type: none"> <li>Students may wish to avoid the peak periods (weekday morning / Saturday) as the waiting time may be longer</li> <li>SATA CommHealth Enquiry Hotline: <b>6244-6688</b></li> </ul>		
<b>Clinic Address &amp; Location</b>	<b>Clinic Operating Hours</b> (Closed on Sundays and Public Holidays) ^	
<b>SATA CommHealth Uttamram Medical Centre</b> 351 Chai Chee Street SATA CommHealth Building Singapore 468982  <b>MRT Station</b> : Bedok Station <b>Bus Services</b> : 26, 222		
<b>SATA CommHealth Woodlands Medical Centre</b> 900 South Woodlands Drive #04-01 Woodlands Civic Centre Singapore 730900  <b>MRT Station</b> : Woodlands Station <b>Bus Services</b> : 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	
<b>SATA CommHealth Jurong Medical Centre</b> Blk 135 Jurong Gateway Road #04-345 Singapore 600135  <b>MRT Station</b> : Jurong East Station <b>Bus Services</b> : 51, 66, 78, 79, 97, 98, 105, 197		
<b>SATA CommHealth Ang Mo Kio Medical Centre</b> Blk 715 Ang Mo Kio Avenue 6 #01-4008 / 4010 Singapore 560715  <b>MRT Station</b> : Ang Mo Kio Station <b>Bus Services</b> : 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	
<b>SATA CommHealth Tanjong Pagar Clinic</b> Blk 7 Tanjong Pagar Plaza #02-103 Singapore 081007  <b>MRT Station</b> : Tanjong Pagar Station <b>Bus Services</b> : 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	
<b>SATA CommHealth Tampines Medical Centre</b> 5 Tampines Central 6 #01-01A Telepark Building Singapore 529482  <b>MRT Station</b> : Tampines Station <b>Bus Services</b> : 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	
<b>SATA CommHealth Potong Pasir Medical Centre</b> 1 Siang Kuang Avenue Singapore 347919  <b>MRT Station</b> : Potong Pasir Station <b>Bus Services</b> : 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	

<b>PART A – TO BE COMPLETED BY STUDENT</b>										
Full Name:		Admission Number:								
		<table border="1"> <tr> <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:										
<b>Medical Conditions</b>	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								
<b>Special Needs</b>	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								
<b>Other Information</b>	No	Yes								
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/> _____ sticks per day								
<b>Smoking is a disciplinary offence on campus</b>										
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							

**INSTRUCTIONS TO STUDENTS**

- The Medical Examination is only applicable to:
  - All International Students who have been offered any full-time diploma course in Singapore Polytechnic (SP).
- 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.
- 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.
- Besppectacled students are required to bring their pair of glasses for the Medical Examination.
- 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.
- 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"> <li>Aeronautical Engineering</li> <li>Electrical &amp; Electronic Engineering</li> <li>Aerospace Electronics</li> <li>Food Science &amp; Technology</li> <li>Applied Chemistry</li> <li>Marine Engineering</li> <li>Biomedical Science</li> <li>Nautical Studies [Note: Students must pass the Maritime &amp; Port Authority of Singapore (MPA) Sight Test]</li> <li>Biotechnology</li> <li>Chemical Engineering</li> </ul>
Hearing Loss (Partial or Complete)	<ul style="list-style-type: none"> <li>Aeronautical Engineering</li> <li>Aerospace Electronics</li> </ul>
Epilepsy	<ul style="list-style-type: none"> <li>All SP Engineering courses</li> </ul>
- Students with Autism Spectrum Disorder may be referred to a psychiatrist for help to prepare for a new learning environment.
- 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](mailto: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.
- 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).

PART B – TO BE COMPLETED BY THE EXAMINING DOCTOR (REGISTERED IN SINGAPORE)	
Student's Full Name: _____	Student's NRIC / Passport / FIN: _____
Height (m) _____ BMI = $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$ Weight (kg) _____ BMI _____ BMI >= 23: Moderate-High Risk	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
<b>Physical Examination:</b>	
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 _____	
<b>Referrals:</b> <ul style="list-style-type: none"> <li>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.</li> <li>Students with or suspected to have psychiatric condition must be referred to a psychiatrist for further assessment.</li> <li>All fees will be borne by the students.</li> </ul>	<b>Blood Test:</b> <ul style="list-style-type: none"> <li>May be required at the discretion of the Examining Doctor.</li> <li>All fees will be borne by the students.</li> </ul> Test result: _____
<b>Certification of Fitness:</b> (*delete where appropriate – the student is deemed unfit unless certified fit) <ul style="list-style-type: none"> <li>I have today completed a medical examination of this student. I find him / her to be                             <ul style="list-style-type: none"> <li><b>Free / Not Free*</b> from organic and infectious diseases.</li> </ul> </li> <li>The student is physically and mentally                             <ul style="list-style-type: none"> <li><b>Fit / Not Fit* to pursue the course offered (indicated overleaf)</b></li> <li><b>Fit / Not Fit* to pursue any other course / other courses*</b> _____</li> </ul> </li> <li>Remarks (if any) : _____</li> </ul>	
<b>To be completed if the student is offered Diploma in Marine Engineering</b> (*delete where appropriate) <ul style="list-style-type: none"> <li>The student is <b>Fit / Not Fit*</b> to be employed on board ship as a Cadet Engineer / Engineer Officer.</li> </ul>	
Name of Doctor: _____	Signature of Doctor: _____
Name & Address of Clinic (Clinic's Official Stamp): _____	Date: _____
Please return the completed form to: <b>Admissions Office, Singapore Polytechnic, 500 Dover Road, Singapore 139651</b>	