



**MEDICAL EXAMINATION FORM FOR INTERNATIONAL STUDENTS (2023)**

*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>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 follow up) 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? <b>Smoking is a disciplinary offence on campus</b>	<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							

<b>PART B – TO BE COMPLETED BY THE EXAMINING DOCTOR (REGISTERED IN SINGAPORE)</b>	
Student's Full Name: _____	Student's NRIC / Passport / FIN: _____
Height (m) _____ Weight (kg) _____ BMI _____	BMI = $\frac{\text{Weight (kg)}}{\text{Height (m)}^2}$ BMI >= 23: Moderate-High Risk
Acuity of Vision: _____ R _____ L _____ Without glasses / contact lenses _____ With glasses / contact lenses _____	Urine Analysis: Glucose _____ Protein _____ Blood _____
Chest X-ray: Tick (✓) 1 only <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify abnormality) _____	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
History of Epilepsy: Tick (✓) 1 only <input type="checkbox"/> No <input type="checkbox"/> Yes, Recovered <input type="checkbox"/> Yes, Still on medication	
<b><u>Physical Examination:</u></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><u>Referrals:</u></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><u>Blood Test:</u></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><u>Certification of Fitness:</u></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><u>To be completed if the student is offered Diploma in Marine Engineering</u></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: _____
<b>Please return the completed form to:                      Admissions Office, Singapore Polytechnic, 500 Dover Road, Singapore 139651</b>	

### INSTRUCTIONS TO INTERNATIONAL STUDENTS (2023)

1. The Medical Examination is only applicable to:
  - All International Students who have been offered any full-time diploma course (exclude Diploma in Nautical Studies course) in Singapore Polytechnic (SP).
2. Students would need to complete Part A of this SP Medical Examination Form and bring along the [ICA Medical Examination Form](#) to any medical practitioner registered in Singapore with their NRIC / Passport:
  - Students may visit any of the SATA CommHealth clinics listed overleaf. The clinic will submit the completed SP Medical Examination Form to SP directly.
  - Alternatively, students, may visit a private or their family doctor. Once students have received the completed SP Medical Examination Form from the doctor, they are to submit the completed report to 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 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>• Aerospace Electronics</li> <li>• Applied Chemistry</li> <li>• Biomedical Science</li> <li>• Chemical Engineering</li> <li>• Common Engineering Programme</li> <li>• Common Science Programme</li> </ul> <ul style="list-style-type: none"> <li>• Electrical &amp; Electronic Engineering</li> <li>• Food Science &amp; Technology</li> <li>• Marine Engineering</li> <li>• Nautical Studies [<i>Note: Students must pass the Maritime &amp; Port Authority of Singapore (MPA) Sight Test</i>]</li> </ul>
Hearing Loss (Partial or Complete)	<ul style="list-style-type: none"> <li>• Aeronautical Engineering</li> <li>• Aerospace Electronics</li> <li>• Common Engineering Programme</li> <li>• Computer Engineering</li> </ul> <ul style="list-style-type: none"> <li>• Electrical &amp; Electronic Engineering</li> <li>• Engineering with Business</li> <li>• Mechanical Engineering</li> <li>• Mechatronics &amp; Robotics</li> </ul>
Epilepsy	<ul style="list-style-type: none"> <li>• All Engineering courses &amp; Nautical Studies</li> </ul>

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 any of the Engineering course / Nautical Studies 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 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.
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).

<b>SATA CommHealth</b>	
<b>Medical Examination fees (inclusive of 8% GST):</b>	<b>International Students</b>
<b>Pre-Enrolment Medical Check-up and X-Ray</b>	S\$61.24
<b>Pre-Enrolment Medical Check-up, X-Ray plus DWD (Designated Workplace Doctors) Consultation with Epilepsy Review</b> (For students with epilepsy and who are also offered SP Engineering courses excluding Diploma in Nautical Studies course)	S\$93.64
<ul style="list-style-type: none"> <li>During the Polytechnic intake periods, Students may experience a longer waiting time during the peak timings. It is advisable to avoid the weekends.</li> <li>SATA CommHealth Enquiry Hotline: <b>6244-6688</b> 8.30am to 5.30 pm (Monday to Friday) 8.30am to 1.00pm (Saturday) Closed on Sundays and Public Holidays</li> <li>Students are advised to check SATA's Website at <a href="https://www.sata.com.sg">https://www.sata.com.sg</a> for updated opening hours and availability of medical centres before proceeding to the clinics.</li> </ul>	
<b>Clinic Address &amp; Location</b>	<ul style="list-style-type: none"> <li><b>Clinic Operating Hours* (subject to changes)</b></li> <li><b>Closed on Sundays and Public Holidays</b></li> <li><b>Registration may close earlier to manage crowd flow when necessary</b></li> </ul>
<b>Ang Mo Kio Medical Centre</b> 715 Ang Mo Kio Ave 6 #01-4008 / 4010 Singapore 560715 <b>Bus Interchange:</b> Ang Mo Kio Interchange <b>MRT Station:</b> Ang Mo Kio	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 8.30am to 1.00pm
<b>Jurong Medical Centre</b> 135 Jurong Gateway Road #04 -345 Singapore 600135 <b>Bus Service:</b> 51, 66, 78, 79, 97, 98, 105, 197 <b>MRT Station:</b> Jurong East	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 8.30am to 1.00pm
<b>Potong Pasir Medical Centre</b> 1 Siang Kuang Avenue Singapore 347919 <b>Bus Service:</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) <b>MRT Station:</b> Potong Pasir	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 8.30am to 1.00pm
<b>Tampines Medical Centre</b> 5 Tampines Central 6 #01-01A Telepark Building Singapore 529482 <b>Bus Service:</b> Tampines Interchange <b>MRT Station:</b> Tampines	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 8.30am to 1.00pm No Mammogram & Audiometry Services
<b>Uttamram (Bedok) Medical Centre</b> 351 Chai Chee Street Singapore 468982 <b>Bus Service:</b> 26, 222 <b>MRT Station:</b> Bedok	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 8.30am to 1.00pm FREE parking
<b>Woodlands Medical Centre</b> 900 South Woodlands Drive #04-01 Woodlands Civic Centre Singapore 730900 <b>Bus Interchange:</b> Woodlands Regional Bus Interchange <b>MRT Station:</b> Woodlands	<b>Monday to Friday:</b> 8.30am to 12.30pm, 1.30pm to 5.00pm <i>12.30pm to 1.30pm – closed for lunch</i> <b>Saturday:</b> 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.