

INSTRUCTIONS ON MEDICAL EXAMINATION (Nursing)

1. It is **compulsory** for students who are considered for admission into the Nursing course to undergo a pre-admission medical examination, including a chest X-Ray. This is to ensure that all applicants are certified medically fit to pursue the Diploma in Nursing course.
2. Failure to undergo the medical examination or any false declaration will render applicants liable to appropriate action, including dismissal from the course offered.
3. Students with history of psychiatric illnesses must be assessed by a psychiatrist to be certified fit to pursue the Diploma in Nursing course. A medical memo from the psychiatrist must be obtained before the pre-admission medical examination. All fees are to be borne by the student.
4. Students have to bring their NRIC/Passport/FIN Pass, vaccination records and past medical history record/s to provide documentary proof if they have been infected with and/or immunised against Chicken Pox (Varicella), Measles, Mumps and Rubella (MMR) and Diphtheria, Pertussis & Tetanus (Tdap/DPT). Students who are Singapore Citizens may refer to their immunisation records through any of the following options:
 - a. Health Booklet; or
 - a. Access and print out their immunization records from National Immunisation Registry (<https://www.nir.hpb.gov.sg>).

MEDICAL EXAMINATION

5. Pre-Admission Medical Examination at Raffles Medical Clinics (Recommended):
 - a. Students are strongly encouraged to undergo the pre-admission medical examination at one of our appointed Raffles Medical Clinics, as listed in **Annex A**.
 - b. Raffles Medical Clinic will submit the scanned version of the duly signed medical examination report, Chest X-ray and blood investigation reports directly to the school.
 - c. Raffles Medical Clinic will notify students to collect the hardcopy medical examination reports when ready for safekeeping. Students are not required to submit the medical report.
6. Pre-Admission Medical examination at other Singapore clinics.
 - d. Students may choose to complete the medical examination at clinics other than the recommended Raffles Medical Clinics.
 - e. Students have to submit the completed and signed scanned medical examination report, Chest X-ray and blood investigation reports to Sch_hs@np.edu.sg

Alternatively, students may submit the report to the School of Health Sciences located at Block 81, Level 7.
7. Medical Examination Cost:
 - a. The cost of medical examination and required tests will be borne by the student.
 - b. The cost of required vaccination by this course and subsequent anti-HBs blood screening post-vaccination will also be borne by the student.
8. Retaining Medical Reports:
 - a. Students are required to retain a copy of the medical report (including tests reports) which may be required for their clinical training registration purposes throughout the duration of their studies.

- 9. Final acceptance into the course is subject to the medical examination results.
- 10. Students have to inform the School of Health Sciences by emailing Sch_hs@np.edu.sg if they are certified **unfit** to pursue the Nursing Course, **unvaccinated** against COVID-19 by choice, or ineligible for COVID-19 vaccination due to medical reasons.

A QUICK GLANCE

1



Print out your medical examination form

2



Complete and Sign Part A

3



Bring NRIC/Passport/FIN, medical form, vaccination record and medical history report to Raffles Medical Clinic listed in Annex A or your preferred medical doctor registered in Singapore

4



Email the scanned medical report to Sch_hs@np.edu.sg if medical examination is done at Singapore Clinics **not** listed in Annex A

PART A: PERSONAL PARTICULARS & ACKNOWLEDGEMENT <TO BE COMPLETED BY THE STUDENTS>

Full Name:		NRIC/Foreign Identification No:	
DOB (DDMMYYYY):		Gender: F / M	Mobile Number:
Home Address:		Student ID:	

Personal Medical Record

The following medical conditions may lead to non-acceptance into this course. Candidates diagnosed with these or any other serious medical conditions are required to report their case to the School of Health Sciences by emailing Sch_hs@np.edu.sg

Have you ever had or are you having any of these medical conditions? Please tick (✓) in all the empty boxes under “Yes” or “No”.

Medical Condition	Yes	No	Medical Condition	Yes	No	Medical Condition	Yes	No
Active Tuberculosis			Psychiatric condition ¹			Mobility Restricted		
Uncontrolled Hypertension			Legal blindness			Physical Dependence upon Mobility Equipment		
Uncontrolled Epilepsy			Profound Deafness			AIDS/ HIV		
Uncontrolled Diabetes			Hearing Impairment			Others (to specify):		
Uncontrolled Asthma			Vision Loss/Impairment					

If your answer is “Yes” to any of the above, please provide further details below or attach supporting documents (if any):

VACCINATION HISTORY

Please indicate the date of the vaccination you have received.

Type of Vaccination	Date of 1 st dose	Date of 2 nd dose	Date of 3 rd dose	Date of 4 th dose
Hepatitis B				
Chicken Pox				
Mumps/Measles/Rubella (MMR)				
Influenza				
Tetanus, Diphtheria and Pertussis (Tdap)				
COVID-19				

I hereby declare that all the information provided is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant fact(s). I consent for my medical examination and test results to be released to Ngee Ann Polytechnic to process my application. Any false declaration will render myself liable to appropriate action, including dismissal from the course offered.

I am aware that I will need to be screened for Blood-Borne Diseases (BBD) i.e., Hepatitis B, Hepatitis C, HIV and undergo immunisation against COVID-19, Hepatitis B, Chicken Pox, Mumps, Measles, Rubella (MMR) and Diphtheria, Pertussis & Tetanus (Tdap/DPT) before my clinical training.

I am aware that all prospective healthcare students must be fully vaccinated against COVID-19 with a vaccine regime recognised in Singapore. Medically-Ineligible individuals will be subjected to prevailing Ministry of Health (MOH) and Healthcare Institutions’ (HCI) policies. Medically-Eligible individuals who choose to remain unvaccinated may not be able to access the healthcare and community care settings for clinical posting. This could delay the course completion.

I acknowledge that the requirements and guidelines² applicable to healthcare staff of healthcare institutions will similarly be applicable to me as a healthcare student of Ngee Ann Polytechnic, Diploma in Nursing. I undertake to comply with such requirements and guidelines, and I understand that failure to do so may affect my ability to complete the course requirements, graduate, obtain registration and/or employment and/or fulfil my bond obligations.

I am aware that referrals may be required at the discretion of the examining doctor. All fees are to be borne by the student.

Signature of Student:		Date of Signature:	
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¹ Students with history of psychiatric illnesses **must** be assessed by a psychiatrist to be mentally fit to pursue the Diploma in Nursing course and obtain a medical memo before the pre-admission medical examination.

² For example, vaccination requirements, infection control guidelines, workplace safety rules, etc.

PART B: MEDICAL EXAMINATION <TO BE COMPLETED BY THE EXAMINING DOCTOR>

Height (m): _____ Weight (kg): _____ BMI: _____	<u>Urine Analysis</u> Glucose: _____ Protein: _____ Blood: _____	<u>Visual Acuity</u> With Glasses Without Glasses Colour Deficiency Type of colour deficiency (e.g., partial or full, colour deficits in red-green or blue-yellow, etc.)	R	L
			Yes / No	

Students enrolled in the Diploma in Nursing **must be vaccinated** against Hepatitis B, Chickenpox, Mumps, Measles & Rubella (MMR), Diphtheria, Pertussis & Tetanus (Tdap/DPT) and be screened for Hepatitis B, C and Human Immunodeficiency Virus (HIV). All students are also required to do a chest X-ray.

Note: The chest X-ray and blood investigation report **must be attached** to this medical examination form for submission.

Chest X-ray
 (please tick "✓" in the empty box accordingly)

Normal

Abnormal

If abnormal, please specify abnormality:

Blood Investigations

1. **Haemoglobin:** _____ gm/dL

2. **Blood screening results for Hepatitis B, Hepatitis C, Chickenpox and HIV**
 (please tick "✓" in the empty box accordingly)

Type of Blood Screening	Non-Reactive	Reactive	Remarks if any
HBs Antigen ³			
HBs Antibody			
Anti-HCV, Total ³			
Chickenpox Antibody			
HIV Antigen ³			

Refer to **Annex B** for the blood screening and vaccination requirements for healthcare students that will apply to all in-flight and newly enrolled nursing students. All students enrolled in Diploma in Nursing **MUST** be vaccinated against Hepatitis B, Chickenpox, MMR and Tdap.

Based on the blood screening results and/or vaccination records, please complete the table below.

Type of Vaccination	Number of Dose/Booster Dose Required	Date of 1 st Dose	Date of 2 nd Dose	Date of 3 rd Dose
Hepatitis B	1 / 2 / 3 / Not Required*			
Chickenpox	1 / 2 / Not Required*			NA

*Circle where appropriate, Not Required = Presence of Immunity

³ Those who screen positive for BBD (Hep B, Hep C & HIV) should receive post-screening counselling by a registered medical practitioner. They must also accept certain restrictions to their clinical training and future practice i.e. they will not be allowed to perform or assist with exposure-prone procedures.

3. Immunity status of Tdap and MMR

(To verify students' immunity status by Health Booklet record or Vaccination Record downloaded from National Immunisation Registry)

Type of Vaccination	Evidence of Immunity	Number of Dose/Booster Dose Required	Date of 1st Dose	Date of 2 nd Dose
MMR ^a	Yes / No*	1 / 2 / Not Required*		
Tdap ^b	Yes / No*	1 dose of Tdap / 1 Td booster* / if not required, specify the date of last Tdap received _____ (dd/mm/yyyy)		NA

*Circle where appropriate

- a. **MMR:** if students do not have documented evidence of immunity, 2 doses; minimum interval of at least 4 weeks apart or based on Physician's medical advice. Students who only received one dose of MMR during childhood should be vaccinated with second dose of MMR.
- b. **Tdap:** 1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years.

PHYSICAL EXAMINATION

Ears:	Nose:
Throat:	Heart:
Pulse:	Blood Pressure:
Abdomen & Pelvis:	Hernia or Enlarged Rings:
Back & Spine:	Haemorrhoids:
Skin:	Injury, Operation or Illness:
Lungs:	Mental Disposition [#] : (*refer to 1 under certification of fitness by the examining Doctor)
Ears:	Nose:

General Physique:

Does the student have any previous medical conditions to declare? Yes No

If yes, please specify:

CERTIFICATION OF FITNESS BY THE EXAMINING DOCTOR

Healthcare professionals are required to meet specific requirements. Applicants for the Diploma in Nursing are therefore to **be certified to have the following abilities to perform patient care activities in a safe and effective manner:**

1. **Mental-Cognitive ability** (interpersonal-communication ability and behavioural stability) to:
 - a) provide safe care to populations, including safety to self;
 - b) demonstrate emotional-behavioural stability to function under the stress and pressure when performing nursing care on patients; and
 - c) remain calm when being observed by instructors and other health care personnel during clinical practice attachments.
2. **Physical ability** to:
 - a) move around in the clinical environment, walk/stand, bend, reach, lift climb, push and pull, carry objects; and
 - b) perform patient transfers and complex sequences of hand-eye coordination.
3. **Auditory ability** to hear faint body sounds, auditory alarms and normal speaking level sounds (i.e. blood pressure sounds, monitors, call bells and person-to-person report).



4. **Visual ability** to detect changes in physical appearance, colour and contour, read medication/ drug labels, markings on syringes and manometers, written and electronic communication accurately.

Students with history of psychiatric illnesses **must** submit a medical memo from the psychiatrist. Students suspected to have psychiatric illnesses should be referred to a psychiatrist for further assessment before certification of fitness.

The above-required abilities are stipulated in consultation with the Singapore Nursing Board and the Ministry of Education to ensure nursing students are fit to practise when they apply for registration upon graduation from nursing programme.

All applicants applying for Diploma in Nursing **MUST** be able to receive the four types of vaccinations (Hepatitis B, Chickenpox, MMR and Tdap) mandated by the Ministry of Health.

Certification of Fitness

The student is **Fit / Unfit*** to pursue the Diploma in Nursing course at Ngee Ann Polytechnic.

Remarks, if any:

*Circle where appropriate.

PART C: TO BE COMPLETED BY THE EXAMINING DOCTOR

Name of Doctor:	Name & Address of Practice:
Signature of Doctor:	Date:

List of Clinics for Pre-Admission Medical Examination

In view of the COVID-19 situation and the precautionary measures, please call and make appointments with the respective clinic before heading there to allow better crowd control for the clinics and maintain the Safety Management Measures. Please refer to the [Raffles Clinic User Guide](#) on the appointment booking process.

S/N	Name of Clinic	Address	Telephone No.
1	Raffles Medical Clementi	Blk 446 Clementi Ave 3 #01-189 Singapore 120446	6872 9043
2	Raffles Medical Hillion Mall	Hillion Mall 17 Petir Road #02-7/8 Singapore 678278	6769 0571
3	Raffles Medical Holland Village (*with In-house Xray)	118 Holland Ave #05-02/03/04 Raffles Holland V Singapore 278997	6250 1411
4	Raffles Medical @ Lot One Shopper's Mall	21 Choa Chu Kang Ave 4 #B1-07A Lot 1 Shopper's Mall Singapore 689812	6765 3363
5	Raffles Medical Jurong East	Blk 131 Jurong Gateway Road #01-267 Singapore 600131	6899 6688
6	Raffles Medical Changi - Airport Terminal 3 @ B2 (*with In-house Xray)	65 Airport Boulevard #B2-01 Singapore Changi Airport Singapore 819663	6241 8818
7	Raffles Medical @ Tampines 1 (*with In-house Xray)	Blk 10 Tampines Central 1 #03-28 Tampines 1 Singapore 529536	6260 5116
8	Raffles Hospital (HEALTHCHECK) (*with In-house Xray)	585 North Bridge Road Level 2 Raffles Hospital Singapore 188770	6311 1130

Screening and Vaccination Requirements for Nursing students in accordance with the prevailing MOH guidelines

Infectious Disease	Previous recommendations for vaccination	Latest recommendations for vaccination	Acceptable evidence of immunity
Updated vaccine recommendations			
Mumps, Measles and Rubella (MMR)	<ul style="list-style-type: none"> ▪ 2 doses; minimum interval of at least 4 weeks apart 	<ul style="list-style-type: none"> ▪ If students do not have documented evidence of immunity, 2 doses; minimum interval of at least 4 weeks apart ▪ Students who only received one dose of MMR during childhood should be vaccinated with a second dose of MMR 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination; or ▪ Serological evidence of immunity against all three diseases; or ▪ Laboratory confirmation of all three diseases
Tetanus, Diphtheria and Pertussis (Tdap)	<ul style="list-style-type: none"> ▪ 1 dose of Tdap, irrespective of the interval since the last dose of tetanus or diphtheria containing vaccine 	<ul style="list-style-type: none"> ▪ 1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years ▪ If students have previously received 1 dose of Tdap, Td booster is recommended once every 10 years 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination with Tdap or Td in the last 10 years
Hepatitis B	<ul style="list-style-type: none"> ▪ Primary vaccination consists of 3 doses at 0, 1 and 6 months. ▪ Students with anti-HBs concentrations of <10 mIU/mL should be revaccinated with a second 3-dose series, followed by anti-HBs testing. 	<ul style="list-style-type: none"> ▪ Primary vaccination consists of 3 doses at 0, 1 and 6 months ▪ All students who do not have evidence of immunity should be vaccinated with a primary 3-dose vaccination series, followed by post-vaccination serology test (anti-HBs testing) within 1-2 months after completion of the primary 3-dose vaccination series to determine the level of protective antibodies (i.e. anti-HBs ≥ 10 mIU/mL). ▪ Students with post-vaccination anti-HBs concentrations of <10 mIU/mL should be revaccinated with a single booster dose (followed by 2 more booster doses if there is no immune response) or a second 3-dose series, followed by anti-HBs testing within 1 to 2 months 	<ul style="list-style-type: none"> ▪ Documented proof of vaccination; and post-vaccination serological evidence of immunity (anti-HBs concentrations of ≥ 10 mIU/mL); or ▪ Serological evidence of immunity (anti-HBs concentrations of ≥ 10 mIU/mL)

Infectious Disease	Previous recommendations for vaccination	Latest recommendations for vaccination	Acceptable evidence of immunity
		<ul style="list-style-type: none"> ▪ If there is still no immune response after two cycles of vaccination (i.e. primary 3-dose series followed by serological testing and an additional 3-dose series or 3 booster doses followed by serological testing), refer the non-responder to an Occupational Health physician for counselling ▪ If an immune response has been documented (i.e. anti-HBs\geq10 mIU/mL), further serological testing and booster doses are not required 	
Varicella (Chickenpox)	<ul style="list-style-type: none"> ▪ 2 doses; minimum interval of 4-8 weeks apart 	<p>All students should be immune or vaccinated.</p> <ul style="list-style-type: none"> ▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; or ▪ Serological evidence of immunity; or ▪ Diagnosis or verification of history of varicella disease by a physician or laboratory <p>When the past history of varicella is uncertain, serology testing should be carried out to confirm immunity against varicella.</p>	<ul style="list-style-type: none"> ▪ Documented proof of vaccination with 2 doses of varicella vaccine given at least 4 weeks apart; or ▪ Serological evidence of immunity; or ▪ Diagnosis or verification of history of varicella disease by a physician or laboratory