# PRE-ADMISSION COLOUR VISION / MEDICAL EXAMINATION FORM

**Instructions for Completing this Form**

1. Complete Part A and bring this form and your health booklet/records to any of the designated clinics listed in the enrolment package.
2. Have the colour vision test/medical examination* done at the designated clinic with Part B, C (where relevant) and D duly completed and signed by the doctor.
3. The designated clinics will submit the duly completed form to the polytechnic on your behalf.
4. Failure to undergo the test / examination or any false declaration will render the student liable to appropriate action, including withdrawal from the course offered.

* For Child Psychology & Early Education (CPEE), Early Childhood Education (ECH), Health Sciences (Nursing) (HSN), Tamil Studies w Early Education (TSE) the chest X-ray and blood investigation reports must be submitted together with their medical examination form.

## PART A: TO BE COMPLETED BY THE STUDENT

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>NRIC No./Foreign Identification No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Student Number:</td>
</tr>
</tbody>
</table>

The colour vision test (Part B) is only applicable to students in the following courses. Please tick (✓) the course of study:

- Aerospace Electronics
- Aerospace Technology
- Animation & 3D Arts
- Audio-visual Technology
- Automation & Mechatronic Systems
- Biomedical Engineering
- Clean Energy Management
- Electrical Engineering
- Electronic & Computer Engineering
- Engineering Science
- Multimedia & Animation
- Pharmacy Science
- Engineering with Business Management

## PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

**COLOUR VISION TEST**

- □ TOTALLY colour blind
- □ PARTIALLY colour blind
- □ NORMAL

Remarks, if any: ____________________________________________________________

NOTE: Please complete Part D after completing this Part.

## PART C: TO BE COMPLETED BY THE EXAMINING DOCTOR

It is compulsory for students admitted to the Child Psychology & Early Education (CPEE), Early Childhood Education (ECH), Health Sciences (Nursing) (HSN) and Tamil Studies with Early Education (TSE) courses to undergo a pre-admission medical examination (excluding colour vision test).

The following medical conditions may lead to non-acceptance into these courses. Candidates diagnosed with these or any other serious medical conditions are required to report their case to the Academic Affairs Office.

- Active tuberculosis
- Uncontrolled asthma
- Uncontrolled hypertension
- Acquired immune deficiency syndrome (AIDS)
- Uncontrolled epilepsy
- Uncontrolled diabetes
- Mobility restricted
- Physical dependence upon mobility Equipment
- Psychiatric condition
- Legal blindness
- Profound deafness

<table>
<thead>
<tr>
<th>Height (m)</th>
<th>Urine Analysis</th>
<th>Visual Acuity</th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>With Glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (kg)</td>
<td></td>
<td>Without Glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>Remarks:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Glucose: __________________

Protein: __________________

Blood: __________________

Remarks: __________________
As per MOH’s requirement, student enrolled in the Diploma in Health Sciences (Nursing) must have immunity against Hepatitis B, Chicken Pox, MMR and Pertussis and be screened for Hepatitis C and HIV.

**Blood Investigations**

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

2. **Blood screening for Hepatitis B^, Chicken pox^, Hepatitis C^ and HIV^**
   
   If yes, please tick and if no put a cross in the following relevant boxes:

<table>
<thead>
<tr>
<th>Hep B^</th>
<th>C. Pox^</th>
<th>Hep C^</th>
<th>HIV^</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

3. **Immunity status of Pertussis and MMR**

<table>
<thead>
<tr>
<th>Pertussis^</th>
<th>MMR^</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Blood screening**

**Vaccination advice**

Has the student been advised to get vaccination where required? If yes, please tick (✓) in the following relevant box:

- Hepatitis B^
- Chicken Pox^
- Pertussis^
- MMR^

**Remarks:**

^ Only applicable to Health Sciences (Nursing) students

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**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th>Ears:</th>
<th>Nose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throat:</td>
<td>Heart:</td>
</tr>
<tr>
<td>Pulse:</td>
<td>Blood Pressure:</td>
</tr>
<tr>
<td>Abdomen &amp; Pelvis:</td>
<td>Hernia or Enlarged Rings:</td>
</tr>
<tr>
<td>Back &amp; Spine:</td>
<td>Hemorrhoids:</td>
</tr>
<tr>
<td>Skin:</td>
<td>Injury, Operation or Illness:</td>
</tr>
<tr>
<td>Lungs:</td>
<td>Mental Disposition:</td>
</tr>
</tbody>
</table>

**General Physique:**

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

If yes, please specify ____________________________

Certification of Fitness

The student is physically and mentally **Fit / Unfit** to pursue the stated course of study at Ngee Ann Polytechnic.

Remarks, if any: ____________________________

^Delete where appropriate.

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**PART D: TO BE COMPLETED BY THE EXAMINING DOCTOR**

**Name Of Doctor:**

**Name & Address of Practice:**

**Signature of Doctor:**

**Date:**