

INSTRUCTIONS ON PRE-ADMISSION MEDICAL EXAMINATION
Diploma in Early Childhood Development & Education (ECDE)
Diploma in Tamil Studies with Early Education (TSE)

1. All applicants for admission into Diploma courses in ECDE and TSE offered by the National Institute of Early Childhood Development (NIEC) **must complete and submit Pre-Admission Medical Examination before the semester starts (i.e., by 17 April 2026)**, including an x-ray. This is to ensure that all applicants are certified medically fit for field practice activities (e.g. practicum and/or internship) at a preschool centre, as part of course requirements.
2. In the medical form, applicants will have to make a declaration and provide documentary proof if they have been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox).
3. Applicants who are Singapore Citizens may refer to their immunisation records through any of the following options:
 - i. Health Booklet
 - ii. Access and print out their immunisation records from the National Immunisation Registry (NIR) website* - <https://www.nir.hpb.gov.sg/nirp/eservices/login>

*(*SingPass is required to access the NIR website. Applicants below the age of 18 would require a parent to login (with Parent's SingPass) to access the immunisation records.)*

Note: Records are accessible for Singapore Citizens born 1996 and onwards.

4. Applicants who had not been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox) are required to either:
 - a. Undergo a serological blood test (for antibodies) to prove that they have immunity against these diseases, OR
 - b. Receive the required vaccination(s) without undergoing a serological blood test
5. Applicants are required to bring along the enclosed Medical Form (with Part 1 – Medical Declaration completed) along with their NRIC/Passport to any *GP clinic or SATA clinic in Singapore for medical check-up.

*(*You are NOT encouraged to do the medical check-up at polyclinics as some polyclinics do not endorse medical forms.)*
6. **All the fees incurred for a standard medical check-up and any other vaccines/injection advised/required by the doctor will be borne by the applicant and will not be eligible for reimbursement by NIEC.**
7. Applicants must collect their medical report (hard copy and/or soft copy) at the clinic where the medical examination is conducted.

8. Submission of Medical Form by NIEC(NP) Students by 17 April 2026 (Fri)

a. **Online Submission:** Applicants are required to –

- i. Scan a copy of your hard copy medical form (Part 1), medical report (Part 2), including other supporting documents using your handphone*, (*You can use apps from Play Store that scans easily in pdf via handphone, e.g., CamScanner)
- ii. Save this e-Copy of your scanned medical form (Part 1), medical report (Part 2), including other supporting documents in **ONE** pdf file and upload to your own Google Drive,
- iii. Scan the QR code to submit your Google Drive link to our FormSG (For info on how to submit, do refer to the info guide attached below).

b. **Physical Submission: (Do NOT mail back the hard copy medical report)**

Applicants **must keep both the soft copy (stored in your own google drive) and hard copy of the medical form (Part 1) and medical report (Part 2) including other supporting documents** as they will be required for your practicum and internship attachment purposes throughout the duration of their 3-years course of studies with us.

9. Applicants who fail to undergo the medical examination and/or submit a false medical declaration will be subjected to punitive actions which may include a withdrawal of the course offer.

10. Final acceptance to the course is subject to the results of the medical examination.

11. For further clarifications regarding the Medical Form, applicants may contact admissions_np@niec.edu.sg

For general admissions enquiries and clarifications, please call the Admissions hotline at (65) 6463 1233 or email to admissions@np.edu.sg

12. Applicants are required to complete all declaration in the medical report (Part 1 and 2) to acknowledge that –

- a. Applicants must ensure their information provided is true and correct with no deliberate omissions, authorise Ngee Ann Polytechnic (NP) and National Institute of Early Childhood Development (NIEC) to access their medical results for application processing, and understand that any false or misleading declarations may lead to sanctions imposed by NP and NIEC, such as dismissal from course, forfeiture of fees, fine, and other disciplinary or civil actions.
- b. The applicant is required to undergo and complete the prescribed medical examination prior to the commencement of the academic semester. Referrals may be made at the discretion of the examining doctor, and all associated costs shall be borne exclusively by the applicant.
- c. The applicant is obliged to comply fully with all requirements, procedures, and guidelines pertaining to the medical examination. Non-compliance or failure to complete the prescribed medical examination may result in delays to course completion, including but not limited to practicum and/or internship placements.

Visual Guide on e-Submission of Medical Documents



MEDICAL FORM

Important notes:

1. This form has a total of three pages and will take about 5-10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or writing in ink.
3. Please bring along this form and your NRIC/Passport to the assigned group of clinics.
4. The medical requirements listed in this form takes reference from the prevailing Early Childhood Development Agency's (ECDA) pre-employment medical requirements and are therefore subjected to updates by ECDA.

PART 1. MEDICAL DECLARATION [TO BE COMPLETED BY APPLICANT]

A. APPLICANT'S PERSONAL INFORMATION			
Name: (as in NRIC)	NRIC Number:		
Course Applied:			
B. DECLARATION OF MEDICAL HISTORY			
(Please tick <input type="checkbox"/> the appropriate box.) If you indicate "Yes" to any illness/disease from (1) to (9), please provide details in the box below. If space is insufficient, please attach additional sheets of paper.			
<u>Note:</u> As the nature of the course requires applicants to be placed in preschool centres during practicum and internship, and will have direct contact with young children, the information below is required to assess your suitability. This is to safeguard the safety and well-being of children.			
Type of Illness / Disease	Yes	No	Not Sure
1. Psychiatric condition*			
2. Uncontrolled Epilepsy			
3. Tuberculosis			
4. Legal blindness			
5. Restricted mobility			
6. Profound deafness			
7. Uncontrolled asthma			
8. Uncontrolled diabetes			
9. Uncontrolled hypertension			
10. Others (to specify):			
*Psychiatric conditions include but are not limited to depression, schizophrenia, bipolar disorder, etc. Individuals with existing psychiatric conditions need to get a memo/letter from a medical practitioner (i.e. psychiatrist or a doctor) to state that you are: a) medically fit for your course and; b) medically fit for your course's practicum in working with young children aged 18 months to 6 years old.			
Details (please indicate the date you were first diagnosed, whether you still require medical follow-up/review, whether you are still on medication, date of recovery, etc).			

C. DECLARATION OF INFECTION OF DISEASES AND/OR IMMUNISATION TAKEN

Have you been previously infected with and/or received vaccination against the following diseases?
Documentary proof of vaccination/immunity (if applicable) to be provided. (Please tick ✓ the appropriate box.)

Types	Yes, previously infected	Yes, received vaccination	No, neither infected nor vaccinated
1. Measles ¹			
2. Mumps			
3. Rubella (<i>German Measles</i>)			
4. Varicella (<i>Chicken Pox</i>)			

Note: Applicants who have indicated "No" in any of the above boxes in Section C would be required to complete Section D (below). They would be required to either choose to undergo a serological blood test (for antibodies) or choose to receive a vaccination without a serological blood test.

D. DECLARATION OF IMMUNISATION TAKEN

(Please tick ✓ the appropriate box)

GENERAL INFORMATION**Birth cohorts immunised under the National Childhood Immunisation Programme (NCIP)****Birth cohorts immunised against measles**

- 1973 and before: No
- 1975² to 1985: Yes (1 dose)
- 1986 onwards³: Yes (2 doses)

Birth cohorts immunised against rubella (German Measles)

- 1963 and before: No
- 1964⁴ onwards (females): Yes (1 dose)
- 1970⁵ onwards (males & females): Yes (1 dose)
- 1986 onwards: Yes (2 doses)

****Note:** Varicella (Chicken Pox) and typhoid vaccination are not included in the NCIP. The introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.

- A serological blood test (for antibodies) is required for applicants who had not been infected with Measles, Mumps, Rubella (German measles) and Varicella (Chicken Pox), or who has not been immunised for these diseases.
- Applicants who wish to receive vaccination without undergoing a serological blood test may choose to do so.

Example: *An applicant who had not been infected with Varicella (Chicken Pox), AND has not received a vaccination against Chicken Pox may decide to either a) Undergo a serological blood test (to test for immunity against Chicken Pox) and be found to have immunity against Chicken Pox, **OR** b) Receive Vaccination against Chicken Pox without undergoing a serological blood test.*

I have taken a **serological blood test** which shows that I have immunity against measles, mumps, rubella and varicella.

I **have/have not** (delete as applicable) taken a serological blood test and **have received vaccination** against measles, mumps, rubella and varicella.

¹ Applicants who had prior measles infection are required to provide documentary proof (i.e. Laboratory confirmation stating the date of infection and a medical diagnosis in writing by a recognised medical practitioner).

² Measles vaccination was introduced in children aged 1 year in 1976.

³ Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.

⁴ The second dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Primary 6) in 1998.

⁵ Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

DECLARED BY:

I declare that the information provided above is true and correct.

Signature of Applicant

Date:

PART 2. MEDICAL REPORT [TO BE COMPLETED BY THE EXAMINING DOCTOR]

A. TYPES OF TESTS (Please tick ✓ the appropriate box.)			
Type of Tests	Normal	Abnormal	If abnormal, please provide details
1. General Physical Examination			
2. Chest X-Ray			
Type of Blood Tests	Positive		Negative
3. Blood Tests (for antibodies)			
▪ Measles			
▪ Mumps			
▪ Rubella (German Measles)			
▪ Varicella (Chicken Pox)			
B. VACCINATION GIVEN			
Type of Immunisation	Date Administered (if applicable)		
▪ MMR Vaccination (1 st dose)			
▪ MMR Vaccination (2 nd dose)			
▪ Varicella (Chicken Pox) (1 st dose)			
▪ Varicella (Chicken Pox) (2 nd dose)			
C. OTHER RELEVANT FINDINGS			

D. CERTIFICATION BY EXAMINING DOCTOR

CERTIFIED BY:

I certify that I have examined _____ (Name & NRIC of Applicant) and my findings are as recorded above.

In my assessment, this person is: (Please tick ✓ the appropriate box.)

FIT (this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella, and varicella as stated in Part 2)

FIT (this includes being found free from active tuberculosis and staff has taken 1 dose of MMR, fill in date of 2nd MMR dose below)

2nd MMR dose is scheduled on _____.

UNFIT for an early childhood development, education and care related course (incl. the required internship/practicum in a preschool centre).

Name of Examining Doctor:
(in Block Letters)

Signature:

Name and Address of Clinic:

Contact Number:

Date: