

PRE-ADMISSION MEDICAL EXAMINATION FORM (Nursing)

Instructions for Completing this Form

- 1) Complete Part A and bring this form and your health booklet, vaccination records downloaded from National Immunisation Registry (<https://www.nir.hpb.gov.sg>) and past medical history record/s if any to any of the clinics listed in **Annex A** with your NRIC/ Passport.
 - a) The clinic will submit the completed and signed medical examination form, Chest X-ray and blood investigation reports to the school directly.
 - b) The cost of medical examination and required tests will be borne by the student.
 - c) The cost of required vaccination by this course and subsequent anti-HBs blood screening post-vaccination will be borne by Ngee Ann Polytechnic.
- 2) Failure to undergo the medical examination or any false declaration will render you liable to appropriate action, including dismissal from the course offered. Students who are unable to pursue the Nursing Course due to medical reasons may be recommended for course transfer.
- 3) Students choose to do the medical examination at other clinics NOT listed in Annex A please follow the instructions below.
 - a) The student has to complete Part A and bring this form and your health booklet, vaccination records downloaded from National Immunisation Registry (<https://www.nir.hpb.gov.sg>) and past medical history record/s with your NRIC/Passport.
 - b) The student has to submit the completed and signed medical examination form, Chest X-ray and blood investigation reports to the school directly.
 - c) The cost of medical examination and required tests will be borne by the student.
 - d) The cost of required vaccination by this course and subsequent anti-HBs blood screening post-vaccination will be borne by the student.

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

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

Personal Medical Record

It is compulsory for students admitted to the **Nursing** course to undergo a pre-admission medical examination, including a chest X-Ray. 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 by emailing admissions@np.edu.sg.

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

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

Any other information, please state below:

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 Hepatitis B, Chicken Pox, Mumps, Measles, Rubella (MMR) and Diphtheria, Pertussis & Tetanus (Tdap/DPT).

Signature of Student:	Date of Signature:
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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> R L With Glasses _____ _____ Without Glasses _____ _____ Colour Deficiency <u>Yes</u> <u>No</u> Type of colour deficiency _____ <small>*To specify if student has colour Deficiency e.g. partial or full, colour deficits in red-green or blue-yellow.</small>
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As per MOH's requirement, students enrolled in the Diploma in Nursing **must have immunity** 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.

<p>Chest X-ray (please tick "✓" in the empty box accordingly)</p> <p>Normal <input type="checkbox"/></p> <p>Abnormal <input type="checkbox"/></p> <p><i>If abnormal, please specify abnormality:</i></p>	<p>Blood Investigations</p> <p>1. Haemoglobin: _____ gm/dL</p> <p>2. Blood screening results for Hepatitis B, Hepatitis C, Chickenpox and HIV (please tick "✓" in the empty box accordingly)</p> <table border="1"> <thead> <tr> <th>Type of Blood Screening</th> <th>Non-Reactive</th> <th>Reactive</th> <th>Remarks if any</th> </tr> </thead> <tbody> <tr> <td>HBs Antigen¹</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HBs Antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Anti-HCV, Total</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chickenpox Antibody</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIV Antigen</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Refer to Annex B for the blood screening and vaccination requirements for health science students that will apply to all in-flight and newly enrolled nursing students (extracted from MH114:21/25 dated 12/12/2018). All students enrolled in Diploma in Nursing MUST have immunity against Hepatitis B, Chickenpox, MMR and Tdap.</p> <table border="1"> <thead> <tr> <th>Type of Vaccination</th> <th>Number of Dose/Booster Dose Required</th> <th>Date of 1st Dose</th> <th>Date of 2nd Dose scheduled</th> <th>Date of 3rd Dose scheduled</th> </tr> </thead> <tbody> <tr> <td>Hepatitis B</td> <td>1 / 2 / 3 / Not Required*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chickenpox</td> <td>1 / 2 / Not Required*</td> <td></td> <td></td> <td style="background-color: #cccccc;">NA</td> </tr> </tbody> </table> <p><small>*Circle where appropriate</small></p>	Type of Blood Screening	Non-Reactive	Reactive	Remarks if any	HBs Antigen ¹				HBs Antibody				Anti-HCV, Total				Chickenpox Antibody				HIV Antigen				Type of Vaccination	Number of Dose/Booster Dose Required	Date of 1 st Dose	Date of 2 nd Dose scheduled	Date of 3 rd Dose scheduled	Hepatitis B	1 / 2 / 3 / Not Required*				Chickenpox	1 / 2 / Not Required*			NA
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¹ Those who screen positive for BBD (Hep B, Hep C & HIV) should receive post-screening counselling by the registered medical practitioner.

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 scheduled
MMR ²	Yes / No*	1 / 2 / Not Required*		
Tdap ³	Yes / No*	1 dose of Tdap / 1 Td booster / Not Required*		NA

*Circle where appropriate

²MMR: 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.

³Tdap: 1 dose of Tdap, if students have not previously received it, followed by Td booster once every 10 years.

PHYSICAL EXAMINATION

General Physique:

Blood Pressure:	Pulse:
Ears:	Nose:
Heart:	Lungs:
Abdomen & Pelvis:	Hernia or Enlarged Rings:
Back & Spine:	Skin:
Throat:	Mental Disposition:

Injury, Operation or Illness:

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:

*Circle where appropriate.

PART C: TO BE COMPLETED BY THE EXAMINING DOCTOR

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

Annex A
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.

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 extracted from MH114:21/25 dated 12/12/2018.

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 <p><i>[Note: The acceptable evidence of immunity has also been updated.]</i></p>
Hepatitis B <i>[Note: Students who perform or assist in exposure-prone procedures must be screened]</i>	<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 (those practising EPPs must 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)

		<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 	
<p>Varicella (Chickenpox)</p>	<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