

PRE-ADMISSION COLOUR VISION / MEDICAL EXAMINATION FORM

Instructions for Completing this Form

- 1) Complete Part A and bring this form 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) and Health Sciences (Nursing) (HSN) 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

Full Name:	NRIC No./Foreign Identification No:
Address:	Student Number:

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

<input type="checkbox"/> Aerospace Electronics	<input type="checkbox"/> Biomedical Engineering	<input type="checkbox"/> Engineering Science
<input type="checkbox"/> Aerospace Technology	<input type="checkbox"/> Clean Energy Management	<input type="checkbox"/> Environmental & Water Technology
<input type="checkbox"/> Animation & 3D Arts	<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Hotel & Leisure Facilities Management
<input type="checkbox"/> Audio-visual Technology	<input type="checkbox"/> Electronic & Computer Engineering	<input type="checkbox"/> Multimedia & Animation
<input type="checkbox"/> Automation & Mechatronic Systems	<input type="checkbox"/> Engineering with Business Management	<input type="checkbox"/> Pharmacy Science

The medical examination (Part C) is only applicable to students in the following courses. Please tick (✓) the course of study:

Child Psychology & Early Education
 Early Childhood Education
 Health Sciences (Nursing)

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)** and **Health Sciences (Nursing) (HSN)** 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 epilepsy | • Psychiatric condition |
| • Uncontrolled asthma | • Uncontrolled diabetes | • Legal blindness |
| • Uncontrolled hypertension | • Mobility restricted | • Profound deafness |
| • Acquired immune deficiency syndrome (AIDS) | • Physical dependence upon mobility Equipment | |

Height (m) : _____	<u>Urine Analysis</u>	<u>Visual Acuity</u>	R	L
Weight (kg) : _____	Glucose : _____	With Glasses	_____	_____
BMI : _____	Protein : _____	Without Glasses	_____	_____
	Blood : _____	Remarks:	_____	

Note:
The chest X-ray and blood investigation report must be attached together with this medical examination form.

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

	Hep B	C. Pox	Hep C	HIV
Positive lab results (Indicating carrier status OR suspected exposure to infection)		N/A		
Immunity status (Antibodies present and sufficient)			N/A	N/A
Not Immune			N/A	N/A

3. Immunity status of Pertussis and MMR

	Pertussis	MMR
Immunity status (based on National Immunisation Registry (NIR) records. If no records are available in NIR, to proceed with blood screening)		
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: _____

Chest X-ray

Normal

Abnormal

If abnormal, please specify abnormality:

PHYSICAL EXAMINATION

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

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.

PART D: TO BE COMPLETED BY THE EXAMINING DOCTOR

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