

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 & Mechatronics 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 Continuing Education and Training (CET) Academy Office. For PCS, psychiatric conditions may lead to non acceptance.

- 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

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 and Post Diploma (Advanced Diploma, Specialist Diploma) in Health Sciences (Nursing) courses 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 <i>National Immunisation Registry (NIR) records / documented proof of immunization record / documented proof of vaccination certificate for pertussis & MMR.</i> If there is NO documented proof, to proceed with vaccination as advised:- <ul style="list-style-type: none"> • Tdap for Adv Dip in Perioperative Nursing students • MMR for ALL students 		
Blood screening/ titer test (as advised or as required)	N/A	

Chest X-ray

Normal

Abnormal

If abnormal, please specify abnormality:

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: _____

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: