

MEDICAL REQUIREMENTS

- This medical examination is only applicable to students who have been offered **Nursing and Oral Health Therapy** courses.
- Urine test:
 - Students should drink adequate plain water prior to the test.
 - Female students who are menstruating should wait at least 3 days after their menstrual cycle before undergoing the test.
 - Students with 'abnormal' urine test result would need to return to the clinic for a re-test after 14 days.
- Referrals:
 - May be required at the discretion of the examining doctor. All fees are to be borne by the student.
 - Students with or suspected to have psychiatric problems must be referred to a psychiatrist for further assessment before certification of fitness. A medical report from the psychiatrist should be attached.

PART A: TO BE COMPLETED BY STUDENT

Personal Particulars

Full Name:		NRIC/Passport/FIN No.:					
Diploma Course:		Admission No.:					
Date of Birth:	Gender:	F / M		Tel/Handphone:			
Contact Address:							

Personal Medical Record

Have you ever had or have any of these medical conditions? Please tick 'Yes' or 'No' in all the empty boxes.

	Yes	No		Yes	No		Yes	No
Asthma			Vision Loss*			Psychiatric Conditions		
Diabetes			Hearing Loss*			Physical Disability*		
Hepatitis B/C/E			Tuberculosis (TB)			Any Surgical Operations		
Allergies			Gastric Problems			Dyslexia*		
AIDS/HIV Positive			Heart Problems			Autism/Asperger's Syndrome*		
High Blood Pressure			Kidney Problems			Attention Deficit Hyperactivity Disorder (ADHD)*		
Blood Disorder			Chronic Skin Disease			Others		
Eating Disorders			Epilepsy/Fits					

**Early intervention and transition support will be provided upon declaration and submission of diagnostics/medical/psychological report.*

If your answer is 'Yes' to any of the above boxes, please provide further details below or attach supporting documents (if any):

Family Medical Record

Do any of your parents or sibling(s) have any of these medical conditions? Please tick 'Yes' or 'No' in all the empty boxes.

	Yes	No		Yes	No		Yes	No
Diabetes			Psychiatric Conditions			Tuberculosis		
Hepatitis B/C/E			Paralysis or Stroke			Heart Problems		
High Blood Pressure			AIDS/HIV Positive			Kidney Problems		

Hospitals **do not** accept students with visible body art (tattoo) for clinical postings. Do you have body art (tattoo) that is **visible** when you are in nursing uniform? (**Yes / No**). If yes, (state location) _____

Any other information: _____

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/my child's/my ward's medical examination and test results to be released to Nanyang Polytechnic for the purpose of processing my/my child's/my ward's application. Should I/my child/my ward be admitted to Nanyang Polytechnic on the basis of the information given in this report which may later turn out to be false or inaccurate, I understand that I will render myself/my child/my ward liable to appropriate disciplinary action, including dismissal from the course.

I am aware that I/my child/my ward will need to be screened for blood borne diseases (Hepatitis B, Hepatitis C, HIV) and undergo immunisation against Hepatitis B, Chicken Pox, Mumps, Measles, Rubella and Pertussis. The cost for these tests and vaccinations will be borne by me.

Signature of Student/Date: _____ Signature of Parent or Guardian/Date: _____
(For students under the age of 21 years)

PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

Height (m): _____ Weight (kg): _____ BMI: _____	Urine Analysis: Glucose _____ Protein _____ Blood _____
Acuity of Vision: R L Glasses/Contact lens _____ _____ No Glasses/Contact lens _____ _____ Remarks: _____	Colour Vision (Ishihara Test): Normal <input type="checkbox"/> Partial Colour Deficiency <input type="checkbox"/> Complete Colour Deficiency <input type="checkbox"/> Types of Colour Deficiency : _____
Chest X-ray: Normal / Abnormal* Remarks: _____	History of Epilepsy: Yes / No* Remarks: _____
Pulse: _____	Blood Pressure: _____
Ears: _____	Nose: _____
Tonsils: _____	Heart: _____
Skin: _____	Abdomen & Pelvis: _____
Hernia or Enlarged Rings: _____	Back/Spine: _____
Mental Disposition: _____	Injury, Operation or Illness: _____
Hepatitis C <input type="checkbox"/> Reactive <input type="checkbox"/> Carrier <input type="checkbox"/> Non-Reactive Date of Serological Test: _____ Serological test is valid for up to 6 months	HIV <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive Date of Serological Test: _____ Serological test is valid for up to 6 months

IMMUNITY STATUS

Documentary evidence of serological tests and/or vaccination dates is compulsory. This table must be duly completed.

Chicken Pox

Immune Not Immune

Date of Serological Test:

OR

Vaccination Date:

OR

History of Chicken Pox based on physician's diagnosis

MMR

Immune Not Immune

Date of Serological Test:

OR

Vaccination Dates:

2-dose series of MMR is required (Students who only received one dose of MMR during childhood should be vaccinated with second dose of MMR).

Hepatitis B

Immune* Carrier

Not Immune

Date of Serological Test:

Vaccination Dates (if any):

*A previous post-vaccination record of Anti-HBs Ab \geq 10mIU/mL is acceptable evidence of immunity.

Tetanus, Diphtheria & Pertussis

Immune Not Immune

Vaccination Date:

Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap)

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.

Certification of Fitness

- 1) I have today completed a medical examination of this student. I find him/her to be
 - **Free / Suffering*** from organic and infectious diseases
 - 2) The student is physically and mentally
 - **Fit / Unfit*** to pursue the selected course of study at Nanyang Polytechnic (if unfit, please proceed to Qn 3)
 - 3) The student is unfit for the selected course but **Fit / Unfit*** to pursue other courses at Nanyang Polytechnic
- Remarks, if any
- _____
- _____

*** Delete where appropriate. The student is deemed unfit unless certified fit.**

Name of Doctor:

Signature of Doctor:

Name and Address of Practice (Stamp):

Date of Medical Examination:

MEDICAL REQUIREMENTS FOR NURSING AND ORAL HEALTH THERAPY STUDENTS

1. Due to the special requirements of the healthcare professions, students enrolling for the Nursing and Oral Health Therapy courses will have to pass a medical examination and be certified to have the following abilities to perform patient care activities in a safe and effective manner:
 - Mental ability (interpersonal ability and behavioural stability) to provide safe care to populations, as well as safety to self, and demonstrate self-control and behavioural stability to function and adapt effectively and sensitively in a dynamic role.
 - Physical ability to move around in clinical environment, walk, stand, bend, reach, lift, climb, push and pull, carry objects and perform complex sequences of hand eye coordination.
 - Auditory ability to hear faint body sounds, auditory alarms and normal speaking level sounds (i.e. blood pressure sounds, monitors, call bells and person-to-person report).
 - Visual ability to detect changes in physical appearance, colour and contour, read medication labels, syringes, manometers and written communication accurately.
 2. In accordance with the Singapore Ministry of Health (MOH) requirements, it is **compulsory** for all Nursing and Oral Health Therapy students to be screened for the following blood borne diseases:
 - Hepatitis B
 - Hepatitis C
 - HIV
 3. Students are required to go for immunisation against Hepatitis B **within 3 months of course commencement**, if found to be non-immune. Students are also required to go for Chicken Pox and MMR vaccinations **within 3 months of course commencement**, if they have not been vaccinated or are found to be non-immune.
 4. Students who are screened positive for blood borne diseases may be admitted to the Nursing and Oral Health Therapy courses provided they accept certain restrictions to their training and future practice i.e. they will not be allowed to perform or assist with exposure-prone procedures.
 5. Please note that the health screening fees charged for Hepatitis B, Hepatitis C, and HIV will be in addition to the medical examination fees. Such screening and vaccination fees may be reimbursed by Post-Secondary Education Account for Singaporeans (provided sufficient fund is available).
 6. **Please bring your health booklets (for Singaporeans) or any other documentary proof of vaccination records to the clinic.**
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ADDITIONAL NOTES

- You must undergo a medical check-up and X-ray by a **Singapore registered medical practitioner**. You are **strongly encouraged** to go to our appointed clinic - **Raffles Medical Clinics** for pre-enrolment medical examination (please refer to the next page for locations & opening hours). *You may choose to visit a private clinic or your own family doctor.*
- The information provided will be kept strictly confidential and used for assessing fitness for course admission only. Fees incurred for the test are to be borne by student.
- Please ensure your medical report is completed before you leave the medical clinic, i.e. the doctor has certified whether you are fit to pursue the selected course of study at NYP. You will be deemed unfit unless certified fit.
- Wear plain blouse or t-shirt **without** buttons, collar, printed logo or design, pockets and embroidered logo or design. Please wear your glasses or contact lens (if applicable).
- Bring the following items to the clinic:
 - This medical report with Part A duly completed and signed by Parent/Guardian (if applicable).
 - Requirement (e.g. health booklet, records of vaccinations) listed on Pages 3 & 4.
 - For **International Students**, the **additional** Medical Examination Report is required by ICA for your Student's Pass Application. The report can be downloaded from NYP Online Enrolment System or NYP Enrolment Website : www.nyp.edu.sg/enrolment.
- **Submission** of the completed medical report:

Students who did medical check-up at <u>Raffles Medical Clinics</u>	No submission of medical report to NYP is required as the clinic will do so on your behalf. However, you are required to collect the report directly from the clinic and retain it personally because it will be needed for your clinical postings.
Students who did medical check-up at <u>other clinics</u>	Upload the medical report by following the instructions given on NYP Online Enrolment System or NYP Enrolment Website : www.nyp.edu.sg/enrolment .
Students <u>transferred</u> from another Polytechnic	IF you have already done the check-up, please inform us via email at NYP Admissions Office@nyp.edu.sg , indicating clearly the Polytechnic you have submitted the medical report to. NYP will follow-up on your behalf.
International Students	Collect the completed Medical Examination Report from the clinic personally for submission to ICA.

Important :

- If you are unable to complete the medical examination before the deadline given, please inform us via email at NYP_Admissions_Office@nyp.edu.sg. **Failure to submit your medical report may result in you being deemed medically unfit to pursue the course.**
- If you have been certified unfit to pursue your offered course, **please inform us immediately via email at [NYP Admissions Office@nyp.edu.sg](mailto:NYP_Admissions_Office@nyp.edu.sg) with the email subject "Certified Unfit for Health Science Course". State clearly your Student Admission Number, Name, Contact Number and Course Posted to.**

Appointed Clinics

Raffles Medical Clinic at Ang Mo Kio Tel: 6453 2288	
Location	Opening Hours
Blk 722 Ang Mo Kio Avenue 8 #01-2825 Singapore 560722 <i>(Priority for Appointment Booking Only.)</i>	Mon to Fri: 8.30am to 3.00pm
Raffles Medical Clinic at Raffles Place Tel: 6534 2900	
Location	Opening Hours
50 Raffles Place #01-02A/C Singapore Land Tower Singapore 048623 <i>(Walk-in only.)</i>	Mon to Fri: 8.30am to 10.45am, 2.00pm to 3.30pm
Medical Fees:	
Pre-enrolment Medical Screening includes: 1. Medical Consultation 2. Completion of Polytechnic's Medical Report 3. Anthropometry (Height/Weight/BMI) 4. Visual Acuity (Eye Test & Colour Vision) 5. Urine Test (Sugar, Albumin & Blood) 6. Chest X-ray (Filmless) 7. HIV Antibodies Screening 8. Hepatitis B (Antigen/Antibodies) serology test 9. Hepatitis C (Anti-HCV) serology test	\$ 95 (before GST)
Vaccination (when indicated):	
Hep B vaccination (3 doses)	\$ 51 (before GST)
Chickenpox vaccination (2 doses)	\$ 82 (before GST)
Pertussis (Tdap) vaccination	\$ 26 (before GST)
MMR vaccination	\$ 10 (before GST)