

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 as per NRIC/Passport: | | 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 currently have any of these medical conditions listed below? Please check "✓" in the relevant 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 Disorders | | | 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 check "✓" in the relevant boxes for all the conditions below.

| | 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 medical examination and test results to be released to Nanyang Polytechnic for the purpose of processing my application. Should I 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 liable to appropriate disciplinary action, including dismissal from the course.

I am aware that I 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: _____

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: |
| <p>Hepatitis C</p> <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 | <p>HIV</p> <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.**

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 – **SATA CommHealth** for pre-enrolment medical examination (please refer to Annex A 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 you.
 - 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 SATA CommHealth Clinics listed in Annex A | SATA CommHealth will mail the completed medical report to your registered address within 2 - 3 weeks from the completion of the medical check-up. No submission of medical report to NYP is required as the clinic will do so on your behalf. Please retain your medical report personally because it will be needed for your clinical postings. |
| Students who did medical check-up at other clinics | Upload the medical report by following the instructions given on NYP Online Enrolment System or NYP Enrolment Website: www.nyp.edu.sg/enrolment |
| Students transferred 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 ICA 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 with the email subject "Certified Unfit for Health Science Course". State clearly your Student Admission Number, Name, Contact Number and Course Offered.**

Appointed Clinics

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|--|--|
| SATA CommHealth | Operating Hours: 8:30am to 5:00pm (Mon – Fri) Closed for lunch: 12.00pm to 1.00pm 8:30am to 1:00pm (Sat) Closed on Sundays & Public Holidays |
| | Hotline: 6244 6688 8:00am to 5:30pm (Mon – Fri) 8:00am to 1:30pm (Sat) Closed on Sundays & Public Holidays |
| Clinics | Locations |
| Ang Mo Kio Medical Centre | 715 Ang Mo Kio Avenue 6 #01-4008/4010 Singapore 560715 |
| Jurong Medical Centre | 135 Jurong Gateway Road #04-345 Singapore 600135 |
| Potong Pasir Medical Centre | 1 Siang Kuang Avenue Singapore 347919 |
| Tampines Medical Centre | 5 Tampines Central 6 #01-01A Telepark Building Singapore 529482 |
| Uttamram (Bedok) Medical Centre | 351 Chai Chee Street Singapore 468982 |
| Woodlands Medical Centre | 900 South Woodlands Drive #04-01 Woodlands Civic Centre Singapore 730900 |
| Medical Examination Fees: | |
| Pre-enrolment Medical Screening includes: 1. Medical Consultation 2. Completion of Polytechnic's Medical Report 3. Height / Weight / BMI/ Blood Pressure 4. Visual Acuity 5. Ishihara Colour Blindness Test 6. Urine Dipstick: Glucose, Albumin & Blood 7. Chest Xray – Report only 8. HIV Screening 9. Hepatitis B Screening (Surface Antigen/Antibody) 10. Hepatitis C (Anti-HCV) Screening | \$80 (before GST) |

For more information, please visit www.sata.com.sg