



**PRE-ADMISSION MEDICAL EXAMINATION FORM**  
(Higher Nitec in Community Care & Social Services Course)

<b>PART A : TO BE COMPLETED BY STUDENT</b>			
(By completing this form, you have <b>consented</b> to your medical report being released to ITE)			
Full Name :		NRIC/Passport No :	
Contact No :	HP:	Academic Qualification (delete accordingly): GEC-'O' / N(A) / N(T) Level / Nitec in _____ Year Obtained : _____	
Date of Birth :		Results of the following subjects (please indicate): Cumulative GPA: ____ (For Nitec only) Eng: _____ / Maths: _____ / Science: _____ / Others: _____	
Contact Address :			
<b>PERSONAL MEDICAL RECORD:</b>			
Answer 'Y' for 'Yes' and 'N' for 'No' in the boxes. Please leave blank any fields that you are unsure of and seek advice			
Frequent headaches	<input type="checkbox"/>	G6PD Deficiency (in blood)	<input type="checkbox"/>
Dizziness or Fainting	<input type="checkbox"/>	Anaemia (low red blood cells)	<input type="checkbox"/>
Fits / Epilepsy	<input type="checkbox"/>	Bruising easily	<input type="checkbox"/>
Wear glasses or contact lens	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Blindness in one eye (R / L)	<input type="checkbox"/>	Stress disorder / nervous breakdown	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Previous counselling or visits to a	Tattoo on body Location: _____
Other Eye Problems, if any	<input type="checkbox"/>	Psychiatrist for: family/social issues,	
Hearing difficulties	<input type="checkbox"/>	depression, mood disorders or other	Allergies: Liquid detergent / soap Medication Rubber (e.g. gloves) Metal (e.g. Nickel / copper) Others: _____
Frequent sneezing /running nose	<input type="checkbox"/>	mental health conditions	
Asthma	<input type="checkbox"/>	Have you ever been referred to a	For Females Only: Abortions Pregnancies
Lung infections (eg. TB or pneumonia)	<input type="checkbox"/>	counsellor or to a MOE psychologist	
Hepatitis A	<input type="checkbox"/>	during pri/sec school for special needs	No. of doses: _____
Hepatitis B or C or a carrier	<input type="checkbox"/>	assessment eg. Dyslexia/ADHD/ASD	
HIV carrier / AIDS	<input type="checkbox"/>	or any learning difficulties?	
Gastritis (Gastric problems)	<input type="checkbox"/>	Was granted extra time in exams	
Diabetes Mellitus	<input type="checkbox"/>	Previous surgical operations	
High Blood Pressure	<input type="checkbox"/>	Previous admissions into hospital	
Kidney / Bladder Disease	<input type="checkbox"/>	Unsteady hands or Sweaty palms	
Bone problems (eg. Fractures/deformity/weakness)	<input type="checkbox"/>	Speech problems	
Frequent Backache	<input type="checkbox"/>	Currently on medication	
Rashes (recurrent)	<input type="checkbox"/>	please specify: _____	
Other skin conditions, if any	<input type="checkbox"/>		
Please specify if you answer 'YES' to any of the above: _____			
<b>FAMILY MEDICAL HISTORY:</b>			
High Blood Pressure	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Heart Diseases	<input type="checkbox"/>	Hepatitis A / B / C	<input type="checkbox"/>
Kidney Diseases	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	Tuberculosis (TB)	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Eczema (allergic skin disease)	<input type="checkbox"/>	Others:	<input type="checkbox"/>
Please specify if you answer 'YES' to any of the above: _____			
<b>IMMUNIZATION HISTORY (Serological evidence or documented record of vaccination is required)</b>			
Have you received vaccination for:	Y/N	(If 'N' (No), you are required to be vaccinated before commencement of hospital attachment)	
Hepatitis B	<input type="checkbox"/>		
Chicken Pox	<input type="checkbox"/>		
Mumps/Measles/Rubella (MMR)	<input type="checkbox"/>		
Influenza	<input type="checkbox"/>		
Tetanus, Diphtheria and Pertussis (Tdap)	<input type="checkbox"/>		
COVID	<input type="checkbox"/>	No. of doses: _____	
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). Should I be admitted to ITE 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 <b>DISMISSAL</b> from the course.			
_____ Date		_____ Signature of Student	

Name of student : \_\_\_\_\_ NRIC/Passport No : \_\_\_\_\_

**PART B : TO BE COMPLETED BY THE EXAMINING DOCTOR**

(Please note that all *Higher Nitec* in Community Care & Social Services students must declare any conditions stated on pg. 1 of this report)

Height : _____ (normal BMI: 18.5 - 22.9)	Acuity of Vision R L
Weight: _____ BMI score: _____	*Glasses / No Glasses
Urine Analysis : Glucose _____ Protein _____ Blood _____	This applicant has colour blindness *YES / NO If yes, details: _____
Blood Analysis : Hb% _____	Lungs (Chest X-ray Report to be attached)
Hepatitis Profile : HBs Ag _____ HB Antibody _____ Anti-HCV _____	
Varicella Profile: VZV IgG Ab EIA _____	
HIV Status: HIV Ag/Ab _____	
Pulse :	Blood Pressure :
Ears :	Nose :
Tonsils :	Heart :
Skin :	Abdomen & Pelvic :
Hernia or Enlarged Rings :	Back & Spine :
Haemorrhoids :	Injury, Operations or Illness :

All applicants for the *Higher Nitec* in Community Care & Social Services must be certified to have the following abilities to perform direct patient/Client care activities safely and effectively:

1. **Mental-Cognitive ability**, including interpersonal-communication ability and behavioural stability to function under stressful work environment, provide safe care to patients, including safety to self.
2. **Physical ability** to perform patient transfers, complex sequences of hand-eye coordination including walk/stand/lifting.
3. **Auditory ability** to hear faint body sounds, normal speaking sound level, and alarms/sounds from devices/monitors.
4. **Visual ability** to detect changes in physical appearance, colour, contour, and accurately read medication/drug labels.

Taking into consideration the physical demands of the course in caring of vulnerable persons (Fitness To Practice)

I have completed a medical examination and an overall assessment of this student. I find \*him / her to be:

(please circle) \*free from / living with - a mental disorder or illness: \_\_\_\_\_

(please circle) \*free from / living with - the medical condition(s): \_\_\_\_\_

(please circle) \*free from / living with - physical impairment: \_\_\_\_\_

\*\* Attach additional Dr Memo if necessary

I hereby **Defer** to certify the student and refer \*him / her back to the school for advice. (See remarks)

I hereby certify the student **\*Fit / Unfit** to pursue the ITE *Higher Nitec* in Community Care & Social Services course, which includes the compulsory Clinical Education that requires delivery of direct patient care at healthcare institutions.

*Notwithstanding the outcome of the medical examination herein, I acknowledge that the school has the final prerogative to determine the student's overall suitability for the nursing course from a wholistic consideration.*

**Note:** In accordance with Ministry of Health guidelines, applicants infected with blood-borne diseases (BBD) may commence and complete their course if they choose to do so, provided that they formally accept the requirement they will not be allowed to perform exposure-prone procedures (EPPs), and they recognise that some career pathways will not be open to them.

Remarks, if any \_\_\_\_\_

Name of Doctor : \_\_\_\_\_ Signature of Doctor : \_\_\_\_\_

Name and Address of Practice: \_\_\_\_\_ Date of Medical Examination : \_\_\_\_\_

\* Delete where appropriate

S/N	Name of Clinic	Address	Operating Hours
1	Pinnacle Family Clinic (River Valley) Tel: 68366986	240 River Valley Rd Singapore 238297	Mondays to Fridays: 8:30AM–1PM, 2PM–5PM
			Saturdays: 9AM–1PM
			Sundays: 9AM–12PM
2	Pinnacle Family Clinic (Compassvale) Tel: 63861089	289C Compassvale Crescent #01-04 Singapore 543289	Mondays: 8AM–1PM, 2–5PM, 6PM-10PM
			Tuesdays to Fridays: 8AM–12PM, 1PM-3PM, 6PM-9.30PM
			Saturdays: 9AM–1PM
			Sundays: 9AM–12PM, 6.30PM-9.30PM
3	Pinnacle Family Clinic (Woodlands) Tel: 67601623	Blk 573 Woodlands Drive 16 #01-06 Woodlands Glen Singapore 730573	Mondays: 8AM–5PM, 6PM-10PM
			Tuesdays and Thursdays: 8AM–12PM, 1PM-3:30PM, 6PM-10PM
			Wednesdays and Fridays: 8AM–3:30PM, 6PM-10PM
			Saturdays: 9AM–1PM
			Sundays: 9AM–12PM, 6.30PM-9.30PM
4	Pinnacle Family Clinic (Buangkok Square) Tel: 69099203	991 Buangkok Link, #02-05 Buangkok Square Singapore 530991	Mondays: 8AM–1PM, 2PM–5PM, 6PM-10PM
			Tuesdays to Fridays: 8AM–12PM, 1PM-3PM, 6PM-9PM
			Saturdays: 9AM–1PM
			Sundays: 9AM-12PM
5	Pinnacle Family Clinic (Serangoon North) Tel: 62193910	Blk 518 Serangoon North Ave 4 #B1-208 Singapore 550518	Mondays to Thursdays: 8AM–1PM, 2PM-5PM
			Fridays and Saturdays: 9AM–1PM
			Sundays: CLOSED
6	Pinnacle Family Clinic (Pasir Ris) Tel: 62437338	Blk 571 Pasir Ris St 53 #01-50 Singapore 510571	Mondays to Thursdays: 8AM–1PM, 2-4PM, 6PM–9PM
			Fridays: 8AM–1PM, 2-4PM
			Saturdays: 9AM–1PM
			Sundays: 9AM–12PM
7	Pinnacle Family Clinic (Yew Tee) Tel: 62357893	Blk 790 Choa Chu Kang North 6 #01-238 Singapore 680790	Mondays, Wednesdays and Fridays: 9AM–1PM, 2PM-4PM, 6PM-9PM
			Tuesdays and Thursdays: 9AM–1PM, 2PM-4PM
			Saturdays: 9AM–1PM
			Sundays: CLOSED

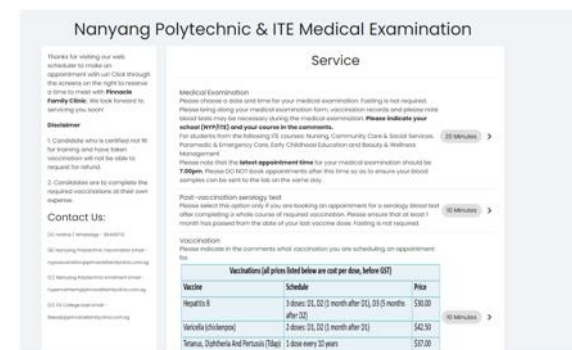
8	Pinnacle Family Clinic (Northshore Plaza 1)  Tel: 65189586	407 Northshore Drive #02-18 Singapore 820407	Mondays to Thursdays: 9AM-5PM, 6PM-9PM
			Fridays: 9AM-2PM, 6PM-9PM
			Saturdays: 9AM-1PM
			Sundays: 9AM-12PM
9	Pinnacle Family Clinic (Sembawang)  Tel: 65703768	604 Sembawang Road, Sembawang Shopping Centre, #B1-03 Singapore 758459	Mondays to Thursdays: 9AM-3:30PM, 5:30PM-8:30PM
			Fridays: 9AM-12PM, 2PM-4PM
			Saturdays: 9AM-1PM
			Sundays: CLOSED
10	Pinnacle Family Clinic (Dakota)  Tel: 65399712	Blk 91 Jalan Satu #01-05 Singapore 390091	Mondays to Fridays: 8AM-12PM, 1PM-4PM, 6PM-9PM
			Saturdays: 9AM-1PM
			Sundays: 9AM-12PM
11	Pinnacle Family Clinic (Hougang)  Tel: 65189981	Blk 356 Hougang Ave 7 #01-791 Singapore 530356	Mondays, Wednesdays and Thursdays: 9AM-3PM, 5.30PM-9PM
			Tuesdays and Fridays: 9AM-3PM
			Saturdays: 9AM-1PM
			Sundays: CLOSED
12	Pinnacle Family Clinic (Changi North)  <b>OPENING 20/01/2024</b>  Tel: 63203938	963C Upper Changi Road North #02-09 Singapore 506790	Mondays, Wednesdays and Thursdays: 8:30AM-3:30PM, 5:30PM-8:30PM
			Tuesdays and Fridays: 8:30AM-3:30PM
			Saturdays: 9AM-1PM
			Sundays: CLOSED
13	Pinnacle Family Clinic (Duo Galleria)  <b>OPENING 08/04/2024</b>  Tel: 63223488	7 Fraser Street DUO Galleria #B3-12 Singapore 189356	Mondays to Fridays: 8:30AM-3.30PM
			Saturdays and Sundays: CLOSED



1. Visit <https://ite.timetap.com/#/>



2. Select which Pinnacle Clinic you wish to visit



3. Select "Medical Examination"



3. Select preferred Date and Time



4. Provide your name and contact to complete the booking of your appointment

**ANNEX A**

**HEALTHWAY MEDICAL GROUP - BRANCHES & CONSULTATION HOURS**

**APPOINTED GENERAL PRACTITIONER CLINICS**

01	Ang Mo Kio Central √PPC Code: AMHR	<b>Healthway Medical</b> Blk 721 Ang Mo Kio Avenue 8 #01-2801 Singapore 560721 Tel: 6455 4629 / Fax: 6456 4463	Mon – Thur 8:00am – 3:00pm 6:00pm – 9:00pm Fri 8:00am – 3:00pm	Sat, Sun & Public Holidays 8:30am – 12:30pm
02	Toa Payoh Central √PPC Code: TPC	<b>Healthway Medical</b> Blk 177 Toa Payoh Central #01-130 Singapore 310177 Tel: 6255 3773 / Fax: 6352 6772	Mon – Thur 8:30am – 3:30pm 6:00pm – 9:00pm Fri 8:30am – 3:30pm	Sat, Sun & Public Holidays 8:30am – 12:30pm
03	Bedok North √PPC Code: BDK	<b>Healthway Medical</b> Blk 218 Bedok North Street 1 (Near Bedok MRT station) #01-17 Singapore 460218 Tel: 6441 0236 / Fax: 6441 0276	Mon – Fri 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm–11:00pm**	Sat, Sun & Public Holidays 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm – 11:00pm
04	Yishun (Chong Pang) √PPC Code: YIC	<b>Healthway Medical</b> Blk 101 Yishun Ave 5 #01-15 Singapore 760101 Tel: 67551345 / Fax: 67551346	Mon & Fri 8:30am – 12:30pm 2:00pm – 5:00pm 6:00pm – 9:00pm Tues, Wed & Thur 8:30am – 12:30pm 2:00pm – 5:00pm	Sat 8:30am – 1:00pm Sunday & Public Holidays 9:00am – 12:00pm
05	Kwong Wai Shiu Code: KWSC	<b>Healthway Medical</b> Block A Kwong Wai Shiu Hospital 705 Serangoon Road #01-06 Singapore 328127 Tel: 6291 4331	Mon – Fri 8:30am – 12:30pm 2:00pm – 5:00pm	Sat 8:30am – 12:30pm Sun & Public Holidays Closed
06	Jurong East Code: JMCO	<b>Medico Clinic &amp; Surgery</b> Blk 249 Jurong East St 24 #01-88 Singapore 600249 Tel: 6561 0934	Mon, Wed & Thu 9:00am - 1:00pm 2:00pm - 5:00pm Tue & Fri 9:00am - 1:00pm	Sat 9:00am – 1:00pm Sun & Public Holidays Closed