



**PRE-ADMISSION MEDICAL EXAMINATION FORM:
Higher Nitec in Paramedic & Emergency Care**

PART A : TO BE COMPLETED BY STUDENT

(By completing this form, you have **consented** to your medical report being released to ITE)

| | |
|----------------------|--|
| Full Name : | NRIC/Passport No : |
| Contact No : | Academic Result: |
| Tel: _____ HP: _____ | GPA for Nitec in Nursing: |
| Date of Birth : | O Levels Eng: _____ / Maths: _____ / Others: _____ |
| Contact Address : | |

PERSONAL MEDICAL RECORD:

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 | G6PD Deficiency (in blood) | Previously smoking/ vaping |
| Dizziness or Fainting | Anaemia (low red blood cells) | Currently smoking/ vaping |
| Fits / Epilepsy | Bruising easily | |
| Wear glasses or contact lens | Anxiety | |
| Blindness in one eye (R / L) | Stress disorder / nervous breakdown | Tattoo on body |
| Colour Blindness | Previous counselling or visits to a | Location: |
| Other Eye Problems, if any | Psychiatrist for: family/social issues, | Allergies: |
| Hearing difficulties | depression, mood disorders or other | Liquid detergent / soap |
| Frequent sneezing /running nose | mental health conditions | Medication |
| Asthma | Have you ever been referred to a school | Rubber (e.g. gloves) |
| Lung infections | counsellor or to a MOE psychologist | Metal (e.g. Nickel / copper) |
| (eg. TB or pneumonia) | during pri/sec school for special needs | Others: |
| Hepatitis A | assessment eg. Dyslexia/ADHD/ASD | |
| Hepatitis B or C or a carrier | or any learning difficulties? | |
| HIV carrier / AIDS | Was granted extra time in exams | |
| Gastritis (Gastric problems) | Previous surgical operations | |
| Diabetes Mellitus | Previous admissions into hospital | For Females Only: |
| High Blood Pressure | Unsteady hands or Sweaty palms | Abortions |
| Kidney / Bladder Disease | Speech problems | Pregnancies |
| Bone problems | Currently on medication | |
| (eg. Fractures/deformity/weakness) | please specify: | |
| Frequent Backache | | |
| Rashes (recurrent) | | |
| Other skin conditions, if any | | |

Please specify if you answer 'YES' to any of the above: _____

FAMILY MEDICAL HISTORY:

| | |
|--------------------------------|---------------------|
| High Blood Pressure | Allergies |
| Mental Illness | Migraine |
| Heart Diseases | Hepatitis A / B / C |
| Kidney Diseases | HIV/AIDS |
| Diabetes Mellitus | Tuberculosis (TB) |
| Asthma | Cancer |
| Eczema (allergic skin disease) | Others: |

Please specify if you answer 'YES' to any of the above: _____

IMMUNIZATION HISTORY (Serological evidence or documented record of vaccination is required)

| | |
|--|--|
| Have you received vaccination for: | |
| Hepatitis B | |
| Chicken Pox | |
| Mumps/Measles/Rubella (MMR) | |
| Influenza | |
| Tetanus, Diphtheria and Pertussis (Tdap) | |
| COVID | |

(If 'No', you are required to be vaccinated before commencement of hospital attachment)

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 DISMISSAL 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 <i>Higher Nitec in Paramedic & Emergency Care</i> students must declare any of the conditions stated in Pg 1 of the medical 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 : | | |
| <p>All applicants must be certified to have the following abilities to perform direct patient care activities safely and effectively:</p> <ol style="list-style-type: none"> 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 Physical ability to perform patient transfers, complex sequences of hand-eye coordination including walk/stand/lifting Auditory ability to hear faint body sounds, normal speaking sound level, and alarms/sounds from devices/monitors Visual ability to detect changes in physical appearance, colour, contour, and accurately read medication/drug labels <p>I have hereby completed a medical examination of this student. I find him/her to be:</p> <p>(please circle) *free from / living with - a mental disorder or illness: _____</p> <p>(please circle) *free from / living with - the medical condition(s): _____</p> <p>(please circle) *free from / living with - physical impairment: _____</p> <p>** Attach additional Dr Memo if necessary</p> <p><input type="checkbox"/> I hereby Defer to certify the student and refer *him / her back to the school for advice. (See remarks)</p> <p><input type="checkbox"/> I hereby certify the student *Fit / Unfit to pursue the ITE <i>Higher Nitec</i> in Paramedic & Emergency Care course, which includes the compulsory clinical education that requires delivery of direct patient care in the pre-hospital setting or at healthcare institutions.</p> <p>Remarks: 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 paramedic course from a holistic consideration.</p> <p>Note: In accordance with Ministry of Health guidelines, applicants who are infected with blood-borne diseases (BBD) <u>may commence and complete</u> 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.</p> | | | |
| Remarks, if any _____ | | | |
| Name of doctor : | | Signature of Doctor : | |
| Name and Address of Practice: | | Date of Medical Examination : | |

* Delete where appropriate

Updated: 31 Jul 2023

| 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 |

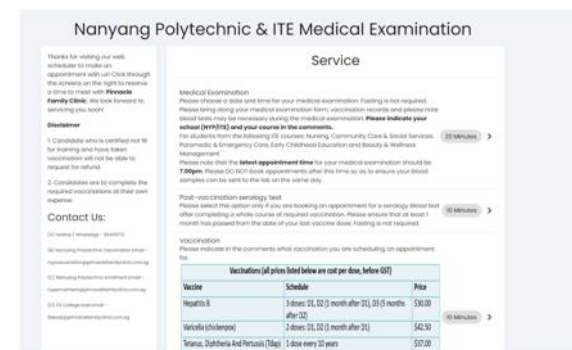
| | | | |
|----|---|--|---|
| 8 | Pinnacle Family Clinic (Northshore Plaza 1) Tel: 65189586 | 407 Northshore Drive #02-18 Singapore 820407 | Mondays to Thursdays: 9AM-5PM, 6PM-9PM |
| | | | Fridays: 9AM-2PM, 6PM-9PM |
| | | | Saturdays: 9AM-1PM |
| | | | Sundays: 9AM-12PM |
| 9 | Pinnacle Family Clinic (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) OPENING 20/01/2024 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) OPENING 08/04/2024 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 | Healthway Medical 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 | Healthway Medical 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 | Healthway Medical 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 | Healthway Medical 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 | Healthway Medical 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 | Medico Clinic & Surgery 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 |