

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

PART A : TO BE COMPLETED BY STU							
(By completing this form, you have cons		medical report being release	d to l	ITE)			
Full Name :	enteu to your .	NRIC/Passport No :	u ic i	11L)			
Contact No :		Academic Qualification (delete accordingly):					
Tel: HP:		GEC-'O' / N(A) / N(T) Level / Nitec in Year Obtained :					
Date of Birth :				se indicate): Cumulative GPA:(For Nitec only)			
Cartast Address :		Eng: / Maths: / S	Scienc	ce: / Others:			
Contact Address :							
PERSONAL MEDICAL RECORD:							
Answer 'Y' for 'Yes' and 'N' for 'No' in the	boxes. Please	e leave blank any fields that	you a	are unsure of and seek advice			
Frequent headaches		iency (in blood)	,. 	Previously smoking/vape			
Dizziness or Fainting		w red blood cells)		Currently smoking/Vaping			
Fits / Epilepsy	Bruising eas	,		(sticks per day:)			
Wear glasses or contact lens	Anxiety	ily		(Vape Frequency : times per day)			
Blindness in one eye (R / L)		der / nervous breakdown	┣──				
Colour Blindness		unselling or visits to a		Tattoo on body			
Other Eye Problems, if any		for: family/social issues,		Location:			
Hearing difficulties		mood disorders or other					
Frequent sneezing /running nose	mental healt			Allergies:			
Asthma		ver been referred to a	┨────	Liquid detergent / soap			
Lung infections		r to a MOE psychologist		Medication			
(eg. TB or pneumonia)		ec school for special needs		Rubber (e.g. gloves)			
Hepatitis A		ec school for special needs					
Hepatitis B or C or a carrier		0,		Metal (e.g. Nickel / copper)			
Hepatitis B or C or a carrier HIV carrier / AIDS		ing difficulties?		Others:			
		d extra time in exams		<u> </u>			
Gastritis (Gastric problems)		rgical operations	 				
Diabetes Mellitus		missions into hospital	 	For Females Only:			
High Blood Pressure		ands or Sweaty palms	 	Abortions			
Kidney / Bladder Disease	Speech prob		<u> </u>	Pregnancies			
Bone problems	Currently on						
(eg. Fractures/deformity/weakness)	please speci	lfy:	 	ļ			
Frequent Backache			 	<u> </u>			
Rashes (recurrent)	_ _		 	ļ			
Other skin conditions, if any							
Please specify if you answer 'YES' to an	y of the above:						
FAMILY MEDICAL HISTORY:							
High Blood Pressure	Allergie	s		1			
Mental Illness	Migraine			1			
Heart Diseases		is A / B / C		1			
Kidney Diseases	HIV/AID			1			
Diabetes Mellitus		ulosis (TB)		4			
Asthma	Cancer			4			
Eczema (allergic skin disease)	Others:			1			
Please specify if you answer 'YES' to an			L	1			
	, 0						
IMMUNIZATION HISTORY (Serologica	l evidence or (documented record of vac	cina	tion is required)			
Have you received vaccination for:	Y/N			• •			
Hepatitis B		'N' (No), you are required to	be v	vaccinated			
Chicken Pox		fore commencement of hosp					
Mumps/Measles/Rubella (MMR)	+1						
Influenza	+-1						
Tetanus, Diphtheria and Pertussis (Tdap	<u>,, </u>						
COVID	No. of d	loses:					
	_ <u>_</u>						
I hereby declare that all the information pr	ovided is true a	and accurate to the best of m	v kno	wledge and I have not			
deliberately omitted any relevant fact(s).		-	-	-			
report which may later turn out to be false				-			
disciplinary action, including <u>DISMISSAL</u>							
aloophila. j aanon, interesting <u></u>							
Date				Signature of Student			

Signature of Student

Name of student : _			NRIC/Passport No :					
	Il <i>Higher Nitec</i> in (BY THE EXAMINING Community Care & Soci	DOCTOR al Services students must declare any conditions stated on					
Height :		ormal BMI: 18.5 - 22.9)	Acuity of Vision R L					
Weight:	(··	BMI score:	*Glasses / No Glasses					
Urine Analysis :	Glucose							
onne / marysis .	Protein		This applicant has colour blindness *YES / NO					
	Blood		If yes, details:					
Blood Analysis :	Hb%		Lungs (Chest X-ray Report to be attached)					
Hepatitis Profile :	HBs Ag		Lungs (onesi X-ray Report to be attached)					
	HB Antibody							
	Anti-HCV	<u> </u>						
Varicella Profile:	VZV IgG Ab EIA	·						
HIV Status:	HIV Ag/Ab							
	111779/765							
Pulse :			Blood Pressure :					
Ears :			Nose :					
Tanaila			Line et a					
Tonsils :			Heart :					
Skin :			Abdomen & Pelvic :					
Hernia or Enlarged	Rings :		Back & Spine :					
Haemorrhoids :			Injury, Operations or Illness :					
 Mental-Cognitive stressful work ere Physical ability Auditory ability Visual ability to Taking into consider I have completed at (please circle) *freet (please circle) *freet (please circle) *freet * Attach additional * I hereby Defe * I hereby certif Services course, at healthcare inst Notwithstanding to prerogative to det 	ve ability, including invironment, provid to perform patient to hear faint body detect changes in eration the physica medical examinat from / living with from / living with from / living with for Memo if neces r to certify the st fy the student *Fi which includes t itutions.	e safe care to patients, t transfers, complex seq sounds, normal speaking physical appearance, c al demands of the course tion and an overall asse - a mental disorder or ill - the medical condition(- physical impairment: _ ssary tudent and refer *him of the compulsory Clinical the medical examination ent's overall suitability	nication ability and behavioural stability to function under					
<u>complete</u> their cours exposure-prone proc	e if they choose to d edures (EPPs), and	lo so, provided that they fo they recognise that some	ormally accept the requirement they will not be allowed to perform career pathways will not be open to them.					
Name of Doctor :			Signature of Doctor :					
Name and Address	of Practice:		Date of Medical Examination :					
* Delete where app	ropriate		Updated: 31 Jul 2023					
			Opualeu. 31 Jul 2023					

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

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

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1. Visit



2. Select which Pinnacle Clinic you wish to visit

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3. Select "Medical Examination"

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3. Select preferred Date and Time

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scientment with ust Click through screens on the right to reserve me to meet with Pinnocle nity Clinic . We look forward to incing you seem	Booting Medical Exemination on 13/29/2023 at 1:30 PMI at Minrade Ferrity Clinic (Compassive) for Medical Examination					
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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