

## INSTRUCTIONS ON MEDICAL EXAMINATION

1. All pre-service applicants<sup>1</sup> who are considered for admission into courses offered by the National Institute of Early Childhood Development (NIEC) are required to undergo a medical examination, including an x-ray. This is to ensure that all applicants are certified medically fit for field practice activities (e.g. practicum and/or internship) at a preschool centre, as part of course requirements.
2. In the medical form, applicants will have to make a declaration and provide documentary proof if they have been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox). (Note: Only those who are Singaporeans / Permanent Residents and were **born in Singapore before 1 January 1975 are exempted** from showing documentary evidence for Measles.)
3. Applicants who are Singapore Citizens may refer to their immunisation records through any of the following options:
  - i. HealthHub App (those born in or after 1982 should be able to view their records)
  - ii. Health Booklet (Students are to show the personal details which can be found at the front of the booklet, and the page with the vaccination records showing the required vaccination details)
  - iii. Access and print out their immunisation records from the National Immunisation Registry (NIR) website\* - <https://www.nir.hpb.gov.sg/nirp/eservices/login> (If the student is born on or after 1996 and between 1982 and 1995, but is unable to view the record on the HealthHub App)

\*SingPass is required to access the NIR website. Applicants below the age of 18 would require a parent to login (with Parent's SingPass) to access the immunisation records.

Note: Records are accessible for Singapore Citizens born 1996 and onwards. Applicants may also consider requesting from the clinic where they had their immunisation administered for an immunisation certificate.

4. Applicants who had not been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox) are required to either:
  - a. Undergo a serological blood test (for antibodies) to prove that they have immunity against these diseases, OR
  - b. Receive the required vaccination(s) without undergoing a serological blood test

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<sup>1</sup> Pre-service applicants refer to applicants who are currently not employed in a childcare centre or kindergarten.

5. Applicants are required to bring along the enclosed Medical Form (with Part 1 – Medical Declaration completed) along with their NRIC/Passport to any medical doctor registered in Singapore.
6. The fees incurred for a standard medical check-up and any other vaccines/injection advised/required by the doctor will be borne by the applicant and will not be eligible for reimbursement by NIEC.
7. Applicants must collect their medical report at the clinic where the medical examination is conducted and submit the medical forms when they come to the admissions office for matriculation into the course.
8. Applicants are required to retain a copy of the Medical Report and the relevant supporting documents such as proof of both doses of MMR vaccinations (e.g., immunisation certificate) and/or proof of immunity (e.g., serological blood test results or past diagnosis of measles infection through laboratory confirmation) which would be required for their practicum and internship registration purposes.
9. Applicants who fail to undergo the medical examination and/or submit a false medical declaration will be subjected to punitive actions which may include a withdrawal of the course offer.
10. Final acceptance to the course is subject to the results of the medical examination.
11. For further clarifications, applicants may email to [audrey\\_chen-lee@niec.edu.sg](mailto:audrey_chen-lee@niec.edu.sg).

## MEDICAL FORM

### Important notes:

1. This form has a total of three pages and will take about 5-10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or writing in ink.
3. Please bring along this form and your NRIC/Passport to the assigned group of clinics.
4. The medical requirements listed in this form takes reference from the prevailing Early Childhood Development Agency's (ECDA) pre-employment medical requirements and are therefore subjected to updates by ECDA.

### PART 1. MEDICAL DECLARATION [TO BE COMPLETED BY APPLICANT]

A. APPLICANT'S PERSONAL INFORMATION			
<b>Name:</b> (as in NRIC)	<b>NRIC Number:</b>		
<b>Course Applied:</b>			
B. DECLARATION OF MEDICAL HISTORY			
(Please tick ✓ the appropriate box.) If "Yes", please provide details on a separate sheet of paper. <u>Note:</u> As the nature of the course requires applicants to work with young children in preschool centres, they are therefore required to have good mental and physical health. Hence, students with the following conditions may encounter difficulty in completing their course.			
Type of Illness / Disease	Yes	No	Not Sure
1. Psychiatric condition			
2. Uncontrolled Epilepsy			
3. Tuberculosis			
4. Legal blindness			
5. Restricted mobility			
6. Profound deafness			
7. Uncontrolled asthma			
8. Uncontrolled diabetes			
9. Uncontrolled hypertension			
10. Others (to specify):			
C. DECLARATION OF INFECTION OF DISEASES AND/OR IMMUNISATION TAKEN			
Have you been previously infected with and/or received vaccination against the following diseases? Documentary proof of vaccination/immunity (if applicable) to be provided. (Please tick ✓ the appropriate box.)			
Types	Yes, previously infected	Yes, received vaccination	No, neither infected nor vaccinated
1. Measles <sup>1</sup>			
2. Mumps			
3. Rubella ( <i>German Measles</i> )			
4. Varicella ( <i>Chicken Pox</i> )			

<sup>1</sup> Applicants who had prior measles infection are required to provide documentary proof (i.e. Laboratory confirmation stating the date of infection and a medical diagnosis in writing by a recognised medical practitioner).

**Note:** Applicants who have indicated "No" in any of the above boxes in Section C would be required to complete Section D (below). They would be required to either choose to undergo a serological blood test (for antibodies) or choose to receive a vaccination without a serological blood test.

**D. DECLARATION OF IMMUNISATION TAKEN**

(Please tick ✓ the appropriate box)

**GENERAL INFORMATION**

Birth cohorts immunised under the National Childhood Immunisation Programme (NCIP)

Birth cohorts immunised against measles

- 1973 and before: No
- 1975<sup>1</sup> to 1985: Yes (1 dose)
- 1986 onwards<sup>2</sup>: Yes (2 doses)

Birth cohorts immunised against rubella (German Measles)

- 1963 and before: No
- 1964<sup>3</sup> onwards (females): Yes (1 dose)
- 1970<sup>4</sup> onwards (males & females): Yes (1 dose)
- 1986 onwards: Yes (2 doses)

**\*\*Note:** Varicella (Chicken Pox) and typhoid vaccination are not included in the NCIP. The introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.

- A blood test (for antibodies) is required for applicants who had not been infected with Measles, Mumps, Rubella (German measles) and Varicella (Chicken Pox) or who has not been immunised for these diseases.
- Applicants who wish to receive vaccination without undergoing serological blood test may choose to do so.
- Only those who are Singaporeans / Permanent Residents and were born in Singapore before 1 January 1975 are exempted from showing documentary evidence for Measles.

**Example:** An applicant who had not been infected with Varicella (Chicken Pox), AND has not received a vaccination against Chicken Pox may decide to either a) Undergo a blood test (to test for immunity against Chicken Pox) and be found to have immunity against Chicken Pox, **OR** b) Receive Vaccination against Chicken Pox without undergoing a blood test.

☐ I have taken a **serological test** which shows that I have immunity against measles, mumps, rubella and varicella.

☐ I **have/have not** (delete as applicable) taken a serological test and **have received vaccination** against measles, mumps, rubella and varicella.

**DECLARED BY:**

I declare that the information provided above is true and correct.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date:**

<sup>1</sup> Measles vaccination was introduced in children aged 1 year in 1976.

<sup>2</sup> Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.

<sup>3</sup> The second dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Primary 6) in 1998.

<sup>4</sup> Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

**PART 2. MEDICAL REPORT [TO BE COMPLETED BY THE EXAMINING DOCTOR]**

<b>A. TYPES OF TESTS</b> (Please tick ✓ the appropriate box.)			
Type of Tests	Normal	Abnormal	If abnormal, please provide details
1. General Physical Examination			
2. Chest X-Ray			
Type of Blood Tests	Positive		Negative
3. Blood Tests (for antibodies)			
▪ Measles			
▪ Mumps			
▪ Rubella (German Measles)			
▪ Varicella (Chicken Pox)			
<b>B. VACCINATION GIVEN</b>			
Type of Immunisation	Date Administered (if applicable)		
▪ MMR Vaccination (1 <sup>st</sup> dose)			
▪ MMR Vaccination (2 <sup>nd</sup> dose)			
▪ Varicella (Chicken Pox) (1 <sup>st</sup> dose)			
▪ Varicella (Chicken Pox) (2 <sup>nd</sup> dose)			
<b>C. OTHER RELEVANT FINDINGS</b>			
<b>D. CERTIFICATION BY EXAMINING DOCTOR</b>			
<b>CERTIFIED BY:</b>			
I certify that I have examined _____ (Name & NRIC of Applicant) and my findings are as recorded above.			
In my assessment, this person is: (Please tick ✓ the appropriate box.)			
<input type="checkbox"/> <b>FIT</b> (this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella, and varicella as stated in Part 2)			
<input type="checkbox"/> <b>FIT</b> (this includes being found free from active tuberculosis and staff has taken 1 dose of MMR, fill in date of 2 <sup>nd</sup> MMR dose below)			
2 <sup>nd</sup> MMR dose is scheduled on _____.			
<input type="checkbox"/> <b>UNFIT</b> for an early childhood development, education and care related course (incl. the required internship/practicum in a preschool centre).			
_____ <b>Name of Examining Doctor:</b> (in Block Letters)		_____ <b>Signature:</b>	
<b>Name and Address of Clinic:</b>			
<b>Contact Number:</b>		<b>Date:</b>	

SN	Name of Clinic	Tel:	Address
1	Pinnacle Family Clinic (River Valley)	68366986	240 River Valley Rd, Singapore 238297
2	Pinnacle Family Clinic (Compassvale)	63861089	289C Compassvale Crescent #01-04 Singapore 543289
3	Pinnacle Family Clinic (Woodlands)	67601623	Blk 573 Woodlands Drive 16 #01-06 Woodlands Glen Singapore 730573
4	Pinnacle Family Clinic (Buangkok Square)	69099203	991 Buangkok Link, #02-05 Buangkok Square Singapore 530991
5	Pinnacle Family Clinic (Serangoon North)	62193910	Blk 518 Serangoon North Ave 4 #B1-208 Singapore 550518
6	Pinnacle Family Clinic (Pasir Ris)	62437338	Blk 571 Pasir Ris St 53 #01-50 Singapore 510571
7	Pinnacle Family Clinic (Yew Tee)	62357893	Blk 790 Choa Chu Kang North 6 #01-238 Singapore 680790
8	Pinnacle Family Clinic (Northshore Plaza I)	65189586	407 Northshore Drive #02-18 Singapore 820407
9	Pinnacle Family Clinic (Sembawang)	65703768	604 Sembawang Road, Sembawang Shopping Centre, #B1-03 Singapore 758459
10	Pinnacle Family Clinic (Dakota)	65399712	Blk 91 Jalan Satu #01-05 Singapore 390091
11	Pinnacle Family Clinic (Hougang)	65189981	Blk 356 Hougang Ave 7 #01-791 Singapore 530356
12	Pinnacle Family Clinic (Changi North)	63203938	963C Upper Changi Road North #02-09 Singapore 506790
13	Pinnacle Family Clinic (DUO Galleria)	63223488	7 Fraser Street DUO Galleria #B3-12 Singapore 189356
14	Pinnacle Family Clinic (Dairy Farm)	65135087	4 Dairy Farm Lane #B1-07 Singapore 677622
15	Pinnacle Family Clinic (Clementi)	65138718	209A Clementi Avenue 6 #01-06 Singapore 121209
16	Pinnacle Family Clinic (Sengkang)	69700587	Blk 170A Sengkang East Drive #01-06 Singapore 541170
17	Pinnacle Family Clinic (Tampines North)	65137189	633 Tampines North Drive 2 #02-06 Singapore 520633

No.	Location	Branch/ Clinic	Doctor	Mon to Fri	Sat, Sun & PH
01	Ang Mo Kio Central  VPPC Code: AMHR	Healthway Medical Blk 721 Ang Mo Kio Avenue 8, #01-2805 (Back Entrance) Singapore 560721 Tel: 6455 4629 Fax: 6456 4463	Dr Tan Ter Wen Jessie*	Mon*** 8:00am – 3:00pm 6:00pm – 9:00pm Tue - Fri* 8:00am – 3:00pm	Sat*** 8:30am – 12:30pm  Sun & Public Holiday*** Closed
02	Toa Payoh Central  VPPC  Code: TPC	Healthway Medical Blk 177 Toa Payoh Central #01-130 Singapore 310177 Tel: 6255 3773 Fax: 6352 6772	Dr Kua Shin Yii*	Mon – Thurs*** 8:30am – 3:30pm 6:00pm – 9:00pm  Fri*** 8:30am – 3:30pm	Sat, Sun & Public Holidays*** 8:30am – 12:30pm
03	Bedok North  VPPC  Code: BDK	Healthway Medical Blk 218 Bedok North Street 1 (Near Bedok MRT station) #01-17 Singapore 460218 Tel: 6441 0236 Fax: 6441 0276	Dr Queenie Lim * Dr Tan Si Hong Shawn	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
04	Jurong East**  Code: JMCO	Medico Clinic & Surgery Blk 249 Jurong East Street 24, #01-88 Singapore 600249 Tel: 6561 0934	Dr Lee Yin Ru*	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.
05	Woodlands**  VPPC  Code: WD	Healthway Medical Blk 888 Woodlands Drive 50 888 Plaza (near Admiralty MRT station) #02-737 Singapore 730888 Tel: 6364 9661 Fax: 6364 9662	Dr Mohammed Akhsar Bin Abd Rahman	Mon - Thurs*** 8:30am – 1:00pm 2:00pm – 5:00pm 6:30pm – 9:00pm  Fri*** 8:30am – 1:00pm 2:00pm – 5:00pm	Sat*** 8:30am – 1:00pm  Sun & Public Holidays*** 8:30am – 12:30pm
06	Kwong Wai Shiu  Code: KWSC	Healthway Medical Block A Kwong Wai Shiu Hospital 705 Serangoon Road #01-06, Singapore 328127 Tel: 6291 4331	Dr Teng Wen Bin Joshua	Mon – Fri*** 8:30am – 12:30pm 2:00pm – 5:00pm	Sat*** 8:30am – 12:30pm  Sun & Public Holidays*** Closed

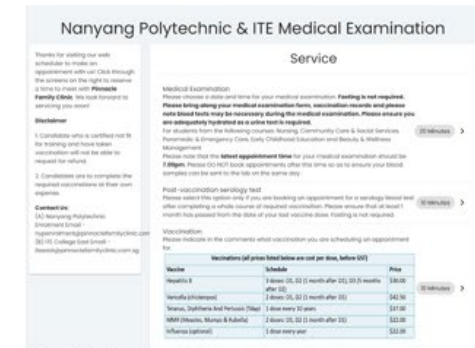
# How to use TimeTap Booking Site for Pinnacle



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 details to complete the  
 booking of your appointment