



#### INSTRUCTIONS ON MEDICAL EXAMINATION

- 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.
- 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 <u>Singaporeans / Permanent</u> <u>Residents</u> and were **born in Singapore before 1 January 1975 are exempted** from showing documentary evidence for <u>Measles</u>.)
- 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

<sup>&</sup>lt;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 <u>audrey\_chen-lee@niec.edu.sg</u>.

#### 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. APPLI	CANT'S PEF	RSONAL INFORMATION		
Name: (as in NRIC)			NRIC Number:		
Course Applied:					
(Please tick √ the a <u>Note:</u> As the nature of the cour required to have good mental a	appropriate box.) se requires applic nd physical health	If "Yes", please ants to work v	ents with the following condit	ool centre	es, they are therefore
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. DECLARA	TION OF INFEC		SEASES AND/OR IMMU	INISATI	ON TAKEN
· · · ·			ved vaccination against the e e) to be provided. (Please ticl		
Types	Types Yes, pre infec		Yes, received vaccination	No, n	either infected nor vaccinated
1. Measles <sup>1</sup>					
2. Mumps					
3. Rubella (German Measles)					
4. Varicella (Chicken Pox)					

<sup>&</sup>lt;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  $\sqrt{}$  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) <u>Undergo a blood test</u> (to test for immunity against Chicken Pox) and be found to have immunity against Chicken Pox, **OR** b) <u>Receive Vaccination against Chicken Pox</u> 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>&</sup>lt;sup>1</sup> Measles vaccination was introduced in children aged 1 year in 1976.

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

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

		<b>TYPES OF</b> k $$ the appropriate			
Type of Tests	Normal	Abnormal		please provide details	
1. General Physical Examination					
2. Chest X-Ray					
Type of Blood Tests		P	ositive	Negative	
3. Blood Tests (for antibodies)					
<ul> <li>Measles</li> </ul>					
<ul> <li>Mumps</li> </ul>					
<ul> <li>Rubella (German Measle</li> </ul>	s)				
<ul> <li>Varicella (Chicken Pox)</li> </ul>					
	B. \	ACCINATIO	N GIVEN		
Type of Immunisation         Date Administered (if applicable)					
<ul> <li>MMR Vaccination (1<sup>st</sup> dos</li> </ul>					
<ul> <li>MMR Vaccination (2<sup>nd</sup> do</li> </ul>	se)				
<ul> <li>Varicella (Chicken Pox) (<sup>1</sup></li> </ul>	1 <sup>st</sup> dose)				
<ul> <li>Varicella (Chicken Pox) (2</li> </ul>	2 <sup>nd</sup> dose)				
	C. OTHI	ER RELEVAN	IT FINDINGS		
D	. CERTIFICA	TION BY EX	AMINING DOCTOF	R	
CERTIFIED BY:					
I certify that I have examined Applicant) and my findings are as	recorded above	9.		(Name & NRIC of	
In my assessment, this person is: <b>FIT</b> (this includes being for measles, mumps, rubella, and var	und free from	active tubero	,	ng the requirements against	
<b>FIT</b> (this includes being foun of 2 <sup>nd</sup> MMR dose below)	d free from act	ive tuberculos	is and staff has tak	en 1 dose of MMR, fill in date	
2 <sup>nd</sup> MMR dose is sche	duled on				
<b>UNFIT</b> for an early childho internship/practicum in a preschoo	-	ent, educatior	and care related	d course (incl. the required	
Name of Examining (in Block Letters			Sigr	nature:	
	,				
Name and Address of Clinic:					
Contact Number:		Date	:		

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

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	Healthway Medical	Dr Tan Ter Wen Jessie*	Mon***	Sat***
	Central	Blk 721 Ang Mo Kio Avenue		8:00am – 3:00pm	8:30am – 12:30pm
		8, #01-2805 (Back Entrance)		6:00pm – 9:00pm	
	VPPC	Singapore 560721		Tue - Fri*	Sun & Public Holiday***
	Code: AMHR	Tel: 6455 4629		8:00am – 3:00pm	Closed
		Fax: 6456 4463			
02		Healthway Medical	Dr Kua Shin Yii*	Mon – Thurs***	Sat, Sun & Public
	Toa Payoh	Blk 177 Toa Payoh Central		8:30am – 3:30pm	Holidays***
	Central	#01-130 Singapore 310177		6:00pm – 9:00pm	8:30am – 12:30pm
	(55.0	Tel: 6255 3773		<b>-</b> • • • • •	
	VPPC	Fax: 6352 6772		Fri***	
	Code:			8:30am – 3:30pm	
	TPC				
	ne				
03	Bedok North	Healthway Medical	Dr Queenie Lim *	Mon – Fri***	Sat, Sun & Public
00		Blk 218 Bedok North Street	Dr Tan Si Hong Shawn	8:00am – 1:00pm	Holidays***
	VPPC	1		2:00pm – 5:00pm	8:00am – 1:00pm
		(Near Bedok MRT station)		6:00pm-11:00pm	2:00pm – 5:00pm
	Code:	#01-17 Singapore 460218			
	BDK	Tel: 6441 0236			
		Fax: 6441 0276			
04	Jurong East**	Medico Clinic & Surgery	Dr Lee Yin Ru*	Mon, Wed & Thu***	Sat***
		Blk 249 Jurong East Street		9:00am - 1:00pm	9.00am - 1:00pm
		24, #01-88		2:00pm - 5:00pm	
	Code: JMCO	Singapore 600249 Tel: 6561 0934		Tue & Fri***	Sun & Public Holidays*** Closed.
		101. 0501 0954		9:00am - 1:00pm	closed.
				9.00am - 1.00pm	
05	Woodlands**	Healthway Medical	Dr Mohammed Akhsar	Mon - Thurs***	Sat***
		Blk 888 Woodlands Drive 50	Bin Abd Rahman	8:30am – 1:00pm	8:30am – 1:00pm
	√PPC	888 Plaza (near Admiralty	- -	2:00pm – 5:00pm	r
		MRT station) #02-737		6:30pm – 9:00pm	Sun & Public Holidays***
	Code: WD	Singapore 730888			8:30am – 12:30pm
		Tel: 6364 9661		Fri***	
		Fax: 6364 9662		8:30am – 1:00pm	
				2:00pm – 5:00pm	
06	Kwong Wai	Healthway Medical	Dr Teng Wen Bin Joshua	Mon – Fri***	Sat***
	Shiu	Block A Kwong Wai Shiu		8:30am – 12:30pm	8:30am – 12:30pm
		Hospital		2:00pm – 5:00pm	
	Code: KWSC	705 Serangoon Road			Sun & Public Holidays***
		#01-06, Singapore 328127			Closed
		Tel: 6291 4331			

## How to use TimeTap Booking Site for Pinnacle



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

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# 2. Select which Pinnacle Clinic you wish to visit

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4. Provide your details to complete the booking of your appointment