



**PRE-ADMISSION MEDICAL EXAMINATION FORM (Nitec in Nursing Course)**

**(SERVICE CODE FOR SATA: ITE-NURSING/P&E)**

<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 :	Academic Qualification (delete accordingly):		
Tel: _____ HP: _____	GEC - 'O' / N(A) / N(T) Level _____ Year: _____		
Date of Birth :	Results of the following subjects (please indicate):		
	Eng: _____ / Maths: _____ / 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	G6PD Deficiency (in blood)	Previously smoking	
Dizziness or Fainting	Anaemia (short of blood)	Currently smoking	
Fits / Epilepsy	Bruising easily	(sticks per day: _____)	
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	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	Were you granted extra time for		
	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: _____			
<b>FAMILY MEDICAL HISTORY:</b>			
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: _____			
<b>IMMUNIZATION HISTORY (Serological evidence or documented record of vaccination is required)</b>			
Have you received vaccination for:	Y/N		
Hepatitis B		(If 'N' (No), you are required to be vaccinated before commencement of hospital attachment)	
Chicken Pox			
Mumps/Measles/Rubella (MMR)			
Influenza			
Tetanus, Diphtheria and Pertussis (Tdap)			
COVID			
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 <u>DISMISSAL</u> 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 *Nitec in Nursing* students must declare any of the conditions stated on pg. 1 of the medical report)

Please indicate whether student is found to be suffering from:

This student has a history of epilepsy \*YES/NO If yes, details: \_\_\_\_\_

This student has colour blindness \*YES/NO If yes, details: \_\_\_\_\_

This student has a history of mental illness \*YES/NO If yes, details: \_\_\_\_\_

Height : _____ (normal BMI: 18.5 - 22.9)	Acuity of Vision _____ R _____ L
Weight: _____ BMI score: _____	*Glasses / No Glasses _____
Urine Analysis : Glucose _____ Protein _____ Blood _____	Lungs (Chest X-ray Report to be attached)
Blood Analysis : Hb% _____	
Hepatitis Profile : HBs Ag _____ HB Antibody _____ Anti-HCV _____	
Varicella Profile: VZV IgG Ab EIA _____	
HIV Status: HIV Ag/Ab _____	
Pulse : _____	
Ears : _____	Nose : _____
Tonsils : _____	Heart : _____
Skin : _____	Abdomen & Pelvic : _____
Hernia or Enlarged Rings : _____	Back & Spine : _____
Haemorrhoids : _____	Injury, Operations or Illness : _____
Remarks : (a) General Physique : _____ (b) Mental Disposition : _____	

I have hereby completed a medical examination of this student. I find him/her to be **\* free / suffering** from organic and infectious disease and is physically and mentally **\* fit / unfit** to pursue the *Nitec in Nursing* course at ITE, which includes the clinical practice of direct patient care at healthcare institutions.

**Note: In accordance with Ministry of Health guidelines, applicants who are 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

Updated: Jun 22

**LOCATIONS & OPERATING HOURS OF SATA COMMHEALTH'S MEDICAL CENTRES & CLINIC**

- Registration may close earlier to manage crowd flow when necessary.

<p><b>Ang Mo Kio Medical Centre</b>          715 Ang Mo Kio Ave 6 #01-4008 / 4010 Singapore 560715  <b>Bus Interchange:</b> Ang Mo Kio Interchange  <b>MRT Station:</b> Ang Mo Kio</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm</p>
<p><b>Jurong Medical Centre</b>          135 Jurong Gateway Road #04-345 Singapore 600135  <b>Bus Service:</b> 51, 66, 78, 79, 97, 98, 105, 197  <b>MRT Station:</b> Jurong East</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm</p>
<p><b>Potong Pasir Medical Centre</b>          1 Siang Kuang Avenue Singapore 347919  <b>Bus Service:</b> 8, 61, 64, 65, 66, 90, 125, 151, 154 (After Tai Thong Cres, Macpherson Rd), 13, 107, 107M, 133, 142, 147, 853, 853C (Opp Leong Bee Crt, upp Serangoon Rd)  <b>MRT Station:</b> Potong Pasir</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm</p>
<p><b>Tampines Medical Centre</b>          5 Tampines Central 6 #01-01A Telepark Building Singapore 529482  <b>Bus Service:</b> Tampines Interchange  <b>MRT Station:</b> Tampines</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm           No Mammogram &amp; Audiometry Services</p>
<p><b>Uttamram (Bedok) Medical Centre</b>          351 Chai Chee Street Singapore 468982  <b>Bus Service:</b> 26, 222  <b>MRT Station:</b> Bedok</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm           FREE parking</p>
<p><b>Woodlands Medical Centre</b>          900 South Woodlands Drive #04-01 Woodlands Civic Centre          Singapore 730900  <b>Bus Interchange:</b> Woodlands Regional Bus Interchange  <b>MRT Station:</b> Woodlands</p>	<p><b>Monday to Friday:</b> 8.30 am to 12.30 pm, 1.30 pm to 5 pm          12.30pm to 1.30pm - closed for lunch   <b>Saturday:</b> 8.30 am to 1.00 pm</p>

For the most updated information, please visit [www.sata.com.sg](http://www.sata.com.sg)

**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 8:00am – 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 – Fri 8:30am – 3:00pm 6:00pm – 9:00pm	Sat, Sun & Public Holidays 8:30am – 1:00pm
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	Admiralty √PPC Code: WL	<b>Healthway Medical</b> Blk 717 Woodlands Drive 70 (Opposite Admiralty MRT station) #01-114 Singapore 730717 Tel: 6364 7450 / Fax: 6364 7451	Mon – Fri 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm – 12midnight **	Sat, Sun & Public Holidays 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm – 11:00pm
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	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 8:30am – 1:00pm Sun & Public Holidays 9:00am – 12:30pm