



**PRE-ADMISSION MEDICAL DECLARATION FORM
(Higher Nitec in Opticianry)**

TO BE COMPLETED BY APPLICANT

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

Full Name :	NRIC/Passport No :
Contact No : Tel: HP:	
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		(sticks per day:)		
		Anxiety				
Blindness in one eye (R / L)		Stress disorder / nervous breakdown		Tattoo on body		
Colour Blindness		Previous counselling or visits to a Psychiatrist for: family/social issues, depression, mood disorders or other mental health conditions		Location:		
Other Eye Problems, if any				Allergies:		
Hearing difficulties				Liquid detergent / soap		
Frequent sneezing /running nose				Metal (e.g. Nickel / copper)		
Asthma		Have you ever been referred to a school counsellor or to a (MOE) psychologist during pri/sec school for special needs assessment eg. Dyslexia/ADHD/ASD or any learning difficulties?		Others:		
Lung infections (eg. TB or pneumonia)						
Hepatitis A						
Hepatitis B or C or a carrier						
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		Currently Pregnant		
Kidney / Bladder Disease		Speech problems		EDD:		
Bone problems (eg. Fractures/deformity/weakness)		Currently on any medication please specify:				
Frequent Backache						
Rashes (recurrent)						
Other skin conditions, if any						

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

I hereby declare that all the information provided is true and accurate to the best of my knowledge and 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 found 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