



PRE-ADMISSION MEDICAL EXAMINATION FORM:
Higher Nitec in Paramedic & Emergency Care

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

PART A : TO BE COMPLETED BY STUDENT

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

Full Name :	NRIC/Passport No :
Contact No :	Academic Result:
Tel: _____ HP: _____	GPA for Nitec in Nursing:
Date of Birth :	
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	
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 school	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: _____

FAMILY MEDICAL HISTORY:

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: _____

IMMUNIZATION HISTORY (Serological evidence or documented record of vaccination is required)

Have you received vaccination for:	
Hepatitis B	
Chicken Pox	
Mumps/Measles/Rubella (MMR)	
Influenza	
Tetanus, Diphtheria and Pertussis (Tdap)	
COVID	

(If 'No', you are required to be vaccinated before commencement of hospital attachment)

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 **DISMISSAL** 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 <i>Higher Nitec in Paramedic & Emergency Care</i> students must declare any of the conditions stated in 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	Remarks: _____
This student has colour blindness		* YES / NO	Remarks: _____
This student has a history of mental illness		* YES / NO	Remarks: _____
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 _____		
HIV Status:	HIV Ag/Ab _____		
Pulse :		Blood Pressure :	
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 <i>Higher Nitec</i> in Paramedic & Emergency Care course at ITE, which includes performing <u>direct patient care</u> at healthcare institutions.			
Note: In accordance with Ministry of Health guidelines, applicants who are infected with blood-borne diseases (BBD) <u>may commence and complete</u> 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 :	

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

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

<p>Ang Mo Kio Medical Centre 715 Ang Mo Kio Ave 6 #01-4008 / 4010 Singapore 560715 Bus Interchange: Ang Mo Kio Interchange MRT Station: Ang Mo Kio</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm</p>
<p>Jurong Medical Centre 135 Jurong Gateway Road #04-345 Singapore 600135 Bus Service: 51, 66, 78, 79, 97, 98, 105, 197 MRT Station: Jurong East</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm</p>
<p>Potong Pasir Medical Centre 1 Siang Kuang Avenue Singapore 347919 Bus Service: 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) MRT Station: Potong Pasir</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm</p>
<p>Tampines Medical Centre 5 Tampines Central 6 #01-01A Telepark Building Singapore 529482 Bus Service: Tampines Interchange MRT Station: Tampines</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm No Mammogram & Audiometry Services</p>
<p>Uttamram (Bedok) Medical Centre 351 Chai Chee Street Singapore 468982 Bus Service: 26, 222 MRT Station: Bedok</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm FREE parking</p>
<p>Woodlands Medical Centre 900 South Woodlands Drive #04-01 Woodlands Civic Centre Singapore 730900 Bus Interchange: Woodlands Regional Bus Interchange MRT Station: Woodlands</p>	<p>Monday to Friday: 8.30 am to 12.30 pm, 1.30 pm to 5 pm 12.30pm to 1.30pm - closed for lunch Saturday: 8.30 am to 1.00 pm</p>

For the most updated information, please visit www.sata.com.sg

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 8:00am – 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 – Fri 8:30am – 3:00pm 6:00pm – 9:00pm	Sat, Sun & Public Holidays 8:30am – 1:00pm
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	Admiralty √PPC Code: WL	Healthway Medical 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	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 8:30am – 1:00pm Sun & Public Holidays 9:00am – 12:30pm