



**MEDICAL REPORT FOR *TECHNICAL DIPLOMA* IN HOSPITALITY &
HOTEL MANAGEMENT COURSE (SERVICE CODE FOR SATA: ITE-C&B)**

TO BE COMPLETED BY EXAMINING DOCTOR

Name of student : _____		Date : _____	
NRIC/Passport No : _____		* Gender : Male / Female	
		Age : _____	
Please indicate whether student is found to be suffering from epilepsy or colour blindness			
This student has a history of epilepsy		* YES / NO	
This student is colour blind		* YES / NC Remarks : _____	
Height :	Weight :	Acuity of Vision	R L
BMI :		* Glasses / No Glasses	
Urine Analysis :	Glucose _____ Protein _____ Blood _____	Lungs (Chest X-ray Report to be attached)	
Blood Pressure :	_____		
Heart :	_____		
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 * fit / unfit to pursue the <i>Technical Diploma</i> in Hospitality & Hotel Management course at ITE.			
Remarks, if any _____ _____			
Name of doctor :		Signature of Doctor :	
Name and Address of Practice:		Date of Medical Examination :	

* Delete where appropriate