

CET STUDENT HEALTH DECLARATION FORM For All Courses

INSTRUCTIONS:

The offer of an ITE course to applicants is subject to them being physically, medically and mentally fit to pursue the course. This is to ensure that all students can benefit from ITE training in a safe and conducive environment. Applicants or students assessed by ITE as being unfit can be withdrawn from the course. Where appropriate, they may be considered for other courses if there are suitable ones.

Please complete this form and submit it to your College. It is compulsory for all students to complete and submit this form during registration.

Any information falsely withheld will render the student liable to appropriate action, including withdrawal from the course offered.

STUDENT'S PARTICULARS

NRIC/FIN: _____	Intake: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">M</td><td style="text-align: center; font-size: 8px;">M</td></tr></table> / <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td><td style="text-align: center; font-size: 8px;">Y</td></tr></table>			M	M					Y	Y	Y	Y
M	M												
Y	Y	Y	Y										
Full Name: _____	Gender: Male / Female* (*Delete as appropriate)												
Course/Module: _____	College: _____												

HEALTH DECLARATION

Do you have any of the existing physical or medical health conditions? Yes No
If "Yes", please tick (✓) whichever is applicable and provide details below (#).
(Please refer to reverse of document for explanatory notes.)

Type of Physical/Medical Health Condition	Yes
Asperger's Syndrome (ASP)	
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)	
Autism Spectrum Disorder (ASD)	
Cardiac (heart conditions/diseases) (CAR)	
Development Language Disorders (DLD)	
Down's Syndrome (DOW)	
Dyscalculia (DSC)	
Dyslexia (DYS)	
Epilepsy (seizures, fits) (EPI)	
Global Developmental Delay (GDD)	
Hearing - Central Auditory Processing Disorder (CAD)	
Hearing - Total/Partial Hearing Loss (HRN)	
Intellectual Disability (INT)	
Physical - Cerebral Palsy (CEB)	
Physical - Dyspraxia (DSP)	
Physical - Muscular Dystrophy (MUD)	
Physical - Wheelchair (WHC)	
Psychiatric Problems (PSY)	
Tuberculosis (TB)	
Visual - Total/Partial Visual Loss (Excluding colour-blindness & short slightness) (VSN)	
Visual - Visual Processing Disorder (VPD)	
Others (not categorised or mentioned above) (OTH)	

If you have indicated "Yes" for "Others", please specify or provide a brief description of the condition:

Details of Physical/Medical Health Condition (attach a copy of relevant documents where available):

STUDENT'S DECLARATION

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

Signature of Student: _____

Date: _____

FOR OFFICIAL USE ONLY

Data entry on student's physical/medical health condition(s) completed by':		Completed Health Declaration Form reviewed by:	
_____	_____	_____	_____
Name & Designation	Signature/Date	Name & Designation	Signature/Date

¹Path: *Records and Enrollment > Enrolment Request > Health or Records and Enrollment > Quick Enroll a Student > Health*