**NTU HEALTH SCREENING 2013**

Organised by the NTU Healthy Lifestyle Committee

REGISTRATION FORM

**\*\*Very important. Please print & bring this completed form with you on day of screening (for staff and dependants)\*\***

Please fill in ALL particulars as the test reference range and interpretation may require them.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nric No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sch/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male/Female Age: \_\_\_\_\_\_\_

Staff of NTU: Yes / No Spouse/dependent of staff : Yes / No

Contact Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you participate in Health Screening 2012? Yes /No

Diabetes? Yes/No Hypertension? Yes/No High Cholesterol? Yes/No

To be measured on screening day:

HEIGHT: \_\_\_\_\_\_\_ (m) WEIGHT : \_\_\_\_\_\_\_(kg) BMI: \_\_\_\_\_\_\_ (kg/m2 ) B.P. \_\_\_\_\_\_\_\_\_\_

Please tick screening package:

(please refer to screening schedule for details) STAFF SPOUSE

Plan 1 : Comprehensive Health Screening $110 $140

Pkg 2a: Mammogram & Ultrasound Breast $120 $150

2b: Ultrasound Pelvis $64 $80

2c: Mammogram $80 $100

sub-total: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

CHECK OUT TOTAL: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**THANK YOU!**