



MC1A – NTU Health Screening Form

For students taking Sport Science & Management Programme

Please bring along this form to the Medical Centre in NTU for the physician to complete at the point of health screening. The completed form has to be retained by the student.

| Personal Particulars (To be completed by the student) | |
|---|--|
| Full Name (Block Letter): _____ | |
| Application No.: _____ | NRIC No./Passport No.: _____ Sex: _____ |
| Date of Birth: _____ | Citizenship: _____ Programme of Study: _____ |
| Home Address: _____ _____ | |
| Tel No.: _____ | Mobile No.: _____ |

| To be completed by the Medical Centre in NTU |
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| This is to certify that the above has been examined and certified fit to undertake physical activity courses with the SSM. |
| Other Remarks: |

Physician's Name & Signature

Clinic Stamp

Date

Note: This certificate is only valid for one year from the date of health screening.