



MC1B – NTU Health Screening Form

For students enrolling into the following Postgraduate programmes:

- PhD (Biological Sciences)
- MSc by Research (Biological Sciences)
- MSc by Coursework (Biomedical Data Science)

Personal Particulars (To be completed by the student)

Full Name (Block Letters): _____

NRIC No./Passport No.: _____ Sex: _____ Date of Birth: _____

Mobile No.: _____ Programme of Study: _____

Please bring along all available immunisation records, e.g. Health booklet and/or original vaccination certificates for the information required below.

To be completed by the Medical Centre in NTU

Hepatitis B Vaccination & Screening Test

Dose	Date of Hepatitis B vaccination		Date of additional Hepatitis B booster / vaccination
1			
2			
3			

HBs Ag: _____ Anti-HBs antibody: _____ Date: _____

Students with anti-HBs antibody < 10 mIU/ml will need further Hepatitis B immunisation followed by repeat antibody level testing.

Post-booster immunisation Anti-HBs antibody: _____ Date: _____

Physician's Signature, Name & Professional Qualification

Clinic stamp