



## MC1B – NTU Health Screening Form

### For students taking Biomedical Sciences and Chinese Medicine Programme

Please bring along this form to the Medical Centre in NTU for the Hepatitis B screening blood test.

#### 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

Hepatitis Bs Ag \_\_\_\_\_ Hepatitis Bs Ab \_\_\_\_\_

#### Hepatitis B Vaccination

Date of Vaccination

Dose 1 \_\_\_\_\_

Dose 2 \_\_\_\_\_

Dose 3 \_\_\_\_\_

Post Vaccination Hep Bs Antibody test \_\_\_\_\_ Dated \_\_\_\_\_

Date \_\_\_\_\_

Clinic Stamp \_\_\_\_\_