



Office of Admissions & Financial Aid

Reg. No. 200604393R

OAFA/0423

2 December 2013

To: All Returning National Servicemen
Academic Year 2014/15

MEDICAL EXAMINATION

All students **must** undergo a medical examination **prior** to admission to determine their medical fitness to pursue the programme of study in the University. Medical Examination is conducted at the Medical Centre, NTU.

The medical examination includes Urine Tests and Chest X-ray. The fee is S\$30 (GST inclusive). For students who are reading the double degree programme in Biomedical Sciences and Chinese Medicine, the medical examination fee which includes the cost of the compulsory Hepatitis B screening blood test is S\$45 (GST inclusive). During this period of the medical examination, X-ray is available on site.

We will be scheduling returning national servicemen who are enrolling for the programme reserved in academic year 2014/15 to have their medical examination done earlier to avoid overcrowding. Details of the medical examination such as dates of medical examination and booking procedures will be communicated to you via email in February/March 2014. Please ensure that your contact numbers and email address are valid. If there is any change, please update online when you confirm your enrolment decision.

If you are **not** enrolling in academic year 2014/15, medical examination is not required at this point of time.

Alan Phua
Deputy Director
Office of Admissions & Financial Aid

cc Dr Calvin Tan
Fullerton Healthcare Group Pte Ltd

MC1 – NTU Medical Examination Form (Part I)

PART I: CONFIDENTIAL MEDICAL HISTORY (To be completed by the student)

PERSONAL PARTICULARS							
Full Name (Block Letter): _____		Sex: _____					
Application No: _____		NRIC No./Passport No.: _____					
Date of Birth: _____		Citizenship: _____					
Programme of Study: _____		Mobile No.: _____					
Home Address: _____							
PERSONAL HISTORY	NO	YES	If yes, give details & dates				
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor before.							
2. EYE, EAR, NOSE, THROAT History of seeing black spots, bright lights, blur vision, hearing problems, ear infection, hearing loud noises (tinnitus), constant running nose, sneezing, blocked nose, nose bleeding.							
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off.							
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur.							
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles (haemorrhoids).							
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.							
7. ENDOCRINE SYSTEM Thyroid problem, diabetes							
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.							
9. SKIN Eczema, urticaria, fungal infection, psoriasis							
10. Any serious injuries, hospitalization, operation							
11. Are you a Hepatitis B carrier?							
12. Any disability, impairment or special needs or illness/condition not mentioned above?							
13. FOR FEMALES ONLY History of breast lump, menses problem eg. irregular menses, menses pain, etc							
FAMILY HISTORY	NO	YES	If yes, give details & dates	SOCIAL HISTORY	NO	YES	If yes, give details & dates
1. Hypertension				1. Cigarettes			No. of cigarettes/day: No. of years:
2. Heart Disease							
3. Stroke				2. Alcohol			
4. Diabetes				DRUG HISTORY	NO	YES	If yes, give details & dates
5. Tuberculosis				1. Drugs taken presently			
6. Mental Disorder				2. Allergy			
7. Others							

Data Protection Information

Your health records are held in confidence by the Medical Centre at NTU. Your school will be informed if there is a need to make adjustments for you if it is relevant to your educational needs or if it affects the safety of the people you work with. You may obtain access to your health record by contacting the Medical Centre at NTU.

Declaration

I hereby declare that I have not withheld any relevant information or made any misleading statement. I consent to my information being held and processed by the Medical Centre at NTU as described in the 'Data Protection Information' above.

Student's Signature _____

Date _____

MC1 – NTU Medical Examination Form (Part II)

NANYANG TECHNOLOGICAL UNIVERSITY

PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders):	
PHYSICAL EXAMINATION	
Height: _____ m	Weight: _____ kg
Vision: _____	Colour Vision: _____
Blood Pressure: _____ Pulse Rate: _____	
Cardiovascular System: _____	
Respiratory System: _____	
Abdomen (Note presence of hernia): _____	
Central Nervous System: _____	
Musculoskeletal System: _____	
Others: _____	
INVESTIGATION	
Urine Protein: _____	Sugar: _____
Others: _____	
Chest X-ray Report (should have been made within last six months, and film should be attached to the report): _____	
OTHERS	
Is patient now under treatment for any physical/emotional condition? _____	
Do you have any recommendation regarding the care of this student? _____	
Any drug allergy? _____	

I certify that I have this day examined the abovenamed and the results of medical examination are as set forth. In my opinion, he/she is found to be in good health and free from any physical defect, organic or nervous ailments or after effects thereof which might render him/her unfit to pursue or complete his/her university programme of studies.

Physician's Signature
Address:

Name & Professional Qualifications

Date

MC1A – NTU Medical Examination 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 medical examination. 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
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 examination.

MC1B – NTU Medical Examination Form

For students taking Medicine Programme or 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 _____

Immunisation Form for LKCMedicine students

PERSONAL PARTICULARS

Full Name (Block Letter): _____ Sex: _____
 Application No: _____ NRIC No./Passport No.: _____ Date of Birth: _____

Please bring along all available immunisation records for the information required below.

1. Chickenpox vaccination

Dose	Date of chickenpox vaccination	OR	Proof of chickenpox immunity	
1			Varicella IgG level:	
2			Date:	

All medical students must receive 2 doses of chickenpox vaccine, or show proof of immunity to varicella if you had previously contracted chickenpox. Antibody blood tests for varicella may be performed at the NTU Medical Centre at the time of your medical examination.

2. Measles, mumps, rubella (MMR) vaccination

Dose	Date of MMR vaccination	OR	All medical students must receive 2 doses of MMR vaccine, or complete individual measles, mumps & rubella vaccination, or show proof of immunity.	
1				
2				

OR, if you received MMR as individual vaccines, or you have proof of immunity:

Dose	Date of Measles vaccination	OR	Measles antibody level:	
1			Date:	
2				

Dose	Date of Mumps vaccination	OR	Mumps antibody level:	
1			Date:	
2				

Dose	Date of Rubella vaccination	OR	Rubella antibody level:	
1			Date:	

Antibody blood tests for measles, mumps & rubella may be performed at the NTU Medical Centre, if you have been previously vaccinated but are unable to produce immunisation records for this.

3. Hepatitis B vaccination

Dose	Date of Hepatitis B vaccination	Additional Hepatitis B booster shots
1		
2		
3		

Hepatitis B blood tests must be done at the NTU Medical Centre:

HBs Ag: _____ HBs Ab: _____ Date: _____

Students with HBs Ab < 100 mIU/ml will need further Hepatitis B immunisation followed by repeat HBs antibody level testing.

Post-immunisation HBs Ab: _____ Date: _____

Verified by NTU Medical Centre

Clinic stamp: _____