

AUTHORISATION FORM - OCCUPATIONAL HEALTH SERVICES IN NUS

Each staff/student requesting OH services is to submit an authorisation form to their PI or Lab Supervisor or HOD for approval. The staff/student should make an appointment with the Occupational Health Clinic using the clinic link: <https://odmc.as.me/>. Please inform the Occupational Health Clinic if you cannot make it for your appointment using the above link. Repeat defaults will be recorded. On the day of the appointment, the staff/student should bring the signed Authorisation Form and any other relevant documents e.g. Safety Data Sheets. Staff/Student is required to report the work-related injury/illness/exposure online within 24 hours. Please refer to Accident and Incident Management System (AIMS) at https://inetapps.nus.edu.sg/osh/portal/eServices/ehs360_aims.html

Our Address

The Occupational and Diving Medicine Centre (OH Clinic)
Basement of University Health Centre
20 Lower Kent Ridge Road Singapore 119080.

Clinic Operating Hours

Mon – Fri 8.30am – 12.30pm, 2pm – 5.30pm (last registration 4.30pm)

Physician consultations will be by appointment basis.

Queries/Appointments

Appointments : <https://odmc.as.me/>

General Enquiries : OHClinic@nus.edu.sg / Tel: 6601 1781

Particulars of Staff/Student (Please use separate sheet for names if insufficient space)

Department: _____ Faculty/School/Research Institution or Centre: _____
Name of Staff/Student: _____ NRIC/FIN: _____ DOB (dd/mm/yy): _____ Mobile no.: _____
NUS Staff no. / Matric no.: _____ NUS Email Address: _____
Declaration: I declare the OH Services requested below is resulting from my research/work-related/education activities (Signature): _____

Medical assessment or treatment required:

- | | |
|--|---|
| <input type="checkbox"/> Work-related injury, illness or exposures
<input type="checkbox"/> Fitness to Work Medical Evaluation
<input type="checkbox"/> WHMQ (Work Health Medical Questionnaire) Evaluation
<input type="checkbox"/> Statutory Medical Evaluation (please specify health hazard): _____
<input type="checkbox"/> Respirator Fit test, Spirometry, ECG and Fitness Evaluation
<input type="checkbox"/> Investigations eg. TB testing, allergy test (please specify): _____
<input type="checkbox"/> Medical evaluation & investigations/vaccinations (if required) – BSL3 / Animal Husbandry / Animal Research / BSL2 Work / SDE / FOD/Chemotherapeutic drugs / Others: _____ | <input type="checkbox"/> Hepatitis B screening / Vaccinations / Post screening (pls circle)
<input type="checkbox"/> Tetanus Vaccination
<input type="checkbox"/> Other vaccination (please specify): _____
<input type="checkbox"/> Diving Medical Evaluation
<input type="checkbox"/> Medical examination for Ionizing radiation license application
<input type="checkbox"/> Medical examination for laser license application
<input type="checkbox"/> Others (please specify): _____ |
|--|---|

Approval by PI/Faculty/School/Research Institute or Centre

^ Name of Safety & Health Business Partner or Coordinator: _____

The request for the above medical assessment/management is Supported Not Supported (Reason: _____)

^ - Please seek the Safety & Health Business Partner's or Coordinator's support if it is mandatory by the respective Deans.

Name of PI / Supervisor: _____ Department : _____
Faculty/School/Research Institution or Centre (where research fund is managed) : _____
WBS Number of research grant (provide Faculty/School/Research Institute or Centre for rebilling): _____
PI / Supervisor Contact no: _____ PI NUS Email Address: _____
The request for the above OH services is Verified & Approved* Not Approved

Signature of PI or Supervisor or Authorised Person

Date

*it is needed to fulfil the requirements as stipulated in the NUS OH Programme (<https://inetapps.nus.edu.sg/osh/portal/oh/intro.html>)

Billing Process: University Health Centre will bill Faculty/School/Research Institution or Centre on a calendar monthly basis. Faculty/School/Research Institute or Centre may subsequently cost recover from the PI's research grant.

Staff/Student will need to have another signed and redated Authorisation Form if follow-up services is required in a different calendar month.