

**NUS Department of Pathology
Safety & Health**

Laboratory (Location): (Select where applicable)	NUH Main Building Level 3 (Service / Research / Admin)	Revision No:	Version 1
	NUS MD11 Level 3 (DMOC)		
	NUS M10 (Teaching Lab)		
Title: Declaration form for Medical Surveillance and Hygiene requirements		Effective Date :	08.06.17
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Name of Staff/student :

Name of Supervisor / R.O :

Medical check / vaccination	Done	Required but not done	Not required	Date of completion
Hepatitis B				
Eye / Colour blindness				
N95 Mask fitting				
Respiratory Protection Programme training -IVLE				
Tetanus				
Hand Hygiene				
Others, please specify				

Declaration

I have completed the above medical check / vaccination.

Signature of staff

Date

I have verified that the staff/student has completed the respective medical check / vaccination.

Signature of supervisor

Date