



NUS MEDICINE

Medical Examination Report – Visiting Students from Overseas Universities

PART I (To be completed by Student)

Personal Particulars:

Full Name: _____
(Underline Surname / Family Name)

Application No: _____ Sex (M/F): _____ Marital Status: _____

Course of Study: _____ Date & Place of Birth: _____

NRIC / Passport No: _____ Nationality: _____
(Citizenship status)

Home Address: _____

Tel No (Home): _____ (Mobile): _____

Email Address: _____

Next of Kin's Name: _____ Relationship: _____

Next of Kin's Occupation: _____

Do you smoke? No [] Yes [] Number of sticks per day / week _____ Number of years _____

1) Are you currently under treatment for any physical condition? No [] Yes []. If yes, please provide details.

2) Are you currently under treatment or have been treated in the last five years by a psychiatrist, clinical psychologist, or other mental health professionals? No [] Yes []. If yes, please provide details (diagnosis, treatment, date and duration, etc - Please use separate sheet if necessary.)

Personal Medical History:

Have you suffered from or undergone any of the following?

(Please Tick [v] No or Yes. If "Yes" please specify condition and duration.)

| | No | Yes | Details |
|---------------------------------------|----|-----|---------|
| Allergies | | | |
| Acute / Chronic Respiratory Disorders | | | |
| Blood Disorders | | | |
| Gastro-intestinal Disorders | | | |
| Heart Disorders | | | |
| Injuries or Deformities | | | |
| Kidney / Urinary Disorders | | | |

| | | | |
|---|--|--|--|
| Menstrual Disorders | | | |
| Muscular or Joint Disorders | | | |
| Skin Disorders | | | |
| Surgical Procedures | | | |
| Any other conditions(e.g. Hepatitis B Carrier, G6PD deficiency) | | | |

I hereby certify that the answers given by me to the above listed questions are correct and true. I understand that NUS at its discretion can choose not to bear costs of any future medical impairment, illness, treatment or investigation that may arise, should there be false or incomplete declaration made on the above. I have no objection to the release of my medical report(s) from the hospital(s) or doctor(s) concerned, if necessary.

Signature of Student: _____ Date: _____

PART II (Medical Examination)

Full Name: _____ NRIC / Passport No: _____

Height: _____ m. Weight: _____ kg.

Laboratory Examination:

Please Tick [v] whichever is applicable.

| | | | | |
|--|-------------|----------------|-----------------|------------|
| Blood: (please attach all laboratory reports) | | Result Antigen | Antibody Level: | Date Done: |
| | Hepatitis B | | | |
| Others (only if relevant): | | | | |

Varicella (Chicken Pox)

2 doses are needed to be considered immune. Please provide either 2 doses or screening report. If tested negative, 2 booster shots are required.

| Date of 1 st Dose | Date of 2 nd Dose | Screening Result: | Date Done |
|------------------------------|------------------------------|---|-----------|
| | | Positive/Reactive [] Negative/ Non-Reactive [] Antibody level: | |

MMR (Mumps, Measles and Rubella)

2 doses are needed to be considered immune. Please provide either 2 doses or screening report. If tested negative, 2 booster shots are required.

| Date of 1 st Dose | Date of 2 nd Dose | Screening Result: | Date Done |
|------------------------------|------------------------------|---|-----------|
| | | Positive/Reactive [] Negative/ Non-Reactive [] Antibody level: | |

Pertussis

Documented proof of vaccination with 1 dose of Tdap or Td in the last 10 years is required for all postings.

| |
|-----------|
| Date Done |
| |

The Hepatitis C and HIV test result of the above-named is indicated below (with a [v]).

| | Positive | Negative/Non-reactive | Date Done |
|-------------|----------|-----------------------|-----------|
| Hepatitis C | | | |
| HIV | | | |

Conclusion

(Please conclude and indicate if student is fit to undertake a clinical posting in Singapore with a [V]):

| Fit | Unfit | Date of Examination |
|-----|-------|---------------------|
| | | |

Physician's name: _____ Signature: _____

Clinic's stamp and Address: _____

Notes:

1. The Medical Examination may be done in their home countries / places of residence at any medical clinic licensed to carry out such tests.
2. This Medical Examination Report is to be completed by a registered doctor and returned to the examinee.
3. Please attach all results of blood tests and HIV reports to this examination report before submission.

Guidelines for immunization compliance

Your health and the health of our patients is our main concern. Please review the following information carefully in order to be eligible for the Special Clinical Electives Programme. We adhere strictly to these immunization guidelines.

Hepatitis B Screening and Immunity

Please attach documentary proof that you have been screened and tested negative for the Hepatitis B surface antigen (HBsAg).

Applicants who have not been previously screened for the Hepatitis B virus are required to undergo the screening and submit documentary proof (an authenticated laboratory report) that they are tested negative for the Hepatitis B surface antigen.

Applicants who are HBsAg positive (regardless of HBeAg status) will NOT be allowed to proceed with the elective posting. The University reserves the right to require any candidates to undergo further tests for any or all markers of the Hepatitis B virus.

Applicants who have been tested negative for HBsAg but are not immune (anti-HBs negative or < 10 mIU/mL) are required to be immunized prior to the start of the elective attachment applied for.

Proof of Immunity to Varicella (Chickenpox)

Please attach documentary proof of screening for Varicella Zoster Virus (VZV). A positive serological test for immunity is required.

Those who are tested negative for VZV immunity are required to

- i) be immunised (2 doses). The first dose must be taken within one month from the date of screening and
- ii) submit both screening report and documentary proof of immunisation. Students who are not able to do so before the posting start date, will not be allowed to proceed with the posting.

Students may begin posting(s) without documentary proof of immunisation for VZV the student has documented evidence of two administrations of the varicella vaccine (non-responders).

Proof of Immunity to Pertussis

Please attach documentary proof of vaccination with Tdap.

All students should produce documented proof of vaccination with Tdap or Td in the last 10 years. Those who have not previously received tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) should be vaccinated with a single dose of Tdap, followed by Td booster once every 10 years. Documented proof of vaccination with Tdap or Td in the last 10 years is required. Self-declaration is not accepted as proof of immunity.

Proof of Immunity to Mumps, Measles and Rubella

Please provide documentary proof of immunisation; 2 doses or a serology report.

Those who are tested negative for MMR immunity are required to:

- i) be immunized (2 doses). The first dose must be taken within one month from the date of screening and
- ii) submit both screening report and documentary proof of immunisation

Proof of Hepatitis C screening

Please attach documentary proof that you have been screened and tested negative for Hepatitis C. Students who are tested positive or not able to submit the documentary proof before the posting start date, will not be allowed to proceed with the posting.

Proof of HIV screening

Please attach documentary proof that you have been screened and tested negative for HIV. Students who are tested positive or not able to submit the documentary proof before the posting start date, will not be allowed to proceed with the posting.

Proof of Immunity to Influenza

Applicants are encouraged to receive the influenza vaccination.