

**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](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](mailto: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:**

Work-related injury, illness or exposures

Fitness to Work Medical Evaluation

WHMQ (Work Health Medical Questionnaire) Evaluation

Statutory Medical Evaluation (please specify health hazard): \_\_\_\_\_

Respirator Fit test, Spirometry, ECG and Fitness Evaluation

Investigations eg. TB testing, allergy test (please specify): \_\_\_\_\_

Medical evaluation & investigations/vaccinations (if required) – BSL3 / Animal Husbandry / Animal Research / BSL2 Work / SDE / FOD/Chemotherapeutic drugs / Others: \_\_\_\_\_

Hepatitis B screening / Vaccinations / Post screening (pls circle)

Tetanus Vaccination

Other vaccination (please specify): \_\_\_\_\_

Diving Medical Evaluation

Medical examination for Ionizing radiation license application

Medical examination for laser license application

Others (please specify): \_\_\_\_\_

**Approval by PI/Safety Officer/Department**

**^ Name of Safety & Health Officer:** \_\_\_\_\_

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

^ - Please seek the Safety & Health Officer'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 followup services is required in a different calendar month.**