MEDICAL FORM

Important notes:

1. This form has a total of five pages and will take about 5-10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or writing in ink.
3. Please bring along this form and your NRIC/Passport to the clinic.
4. The medical requirements listed in this form takes reference from the prevailing Early Childhood Development Agency's (ECDA) pre-employment medical requirements and are therefore subjected to updates by ECDA.

PART 1. MEDICAL DECLARATION [TO BE COMPLETED BY APPLICANT]

A. APPLICANT'S PERSONAL INFORMATION	
Name: (as in NRIC)	**NRIC Number:**
Course Applied:	

B. DECLARATION OF MEDICAL HISTORY

(Please tick √ the appropriate box.) If you indicate "Yes" to any illness/disease from (1) to (9), please provide details in the box below. If space is insufficient, please attach additional sheets of paper.

Note: As the nature of the course requires applicants to be placed in preschool centres during practicum and internship, and will have direct contact with young children, the information below is required to assess your suitability. This is to safeguard the safety and well-being of children.

Type of Illness / Disease	**Yes**	**No**	**Not Sure**
1. Psychiatric condition*			
2. Epilepsy			
3. Tuberculosis			
4. Legal blindness			
5. Restricted mobility			
6. Profound deafness			
7. Uncontrolled asthma			
8. Uncontrolled diabetes			
9. Uncontrolled hypertension			
10. Others (to specify):			

*Psychiatric conditions include but are not limited to depression, schizophrenia, bipolar disorder, etc.

Individuals with existing psychiatric conditions need to get a memo/letter from a medical practitioner (i.e. psychiatrist or a doctor) to state that you are:

a) medically fit for your course and;

b) medically fit for your course's practicums/internships to work with young children aged 2 months to 6 years old.

Details (please indicate the date you were first diagnosed, whether you still require medical follow-up/review, whether you are still on medication, date of recovery, etc).

C. DECLARATION OF INFECTION OF DISEASES AND/OR IMMUNISATION TAKEN

Have you been previously infected with and/or received vaccination against the following diseases? Documentary proof of vaccination/immunity (if applicable) to be provided. (Please tick √ the appropriate box.)

Types	Yes, previously infected	Yes, received vaccination	No, neither infected nor vaccinated
1. Measles[1]			
2. Mumps			
3. Rubella *(German Measles)*			
4. Varicella *(Chicken Pox)*			

Note: Applicants who have indicated "No" in any of the above boxes in Section C would be required to complete Section D (below). They would be required to either choose to undergo a serological blood test (for antibodies) or choose to receive a vaccination without a serological blood test.

D. DECLARATION OF IMMUNISATION TAKEN

(Please tick √ the appropriate box)

GENERAL INFORMATION

Birth cohorts immunised under the National Childhood Immunisation Programme (NCIP)

Birth cohorts immunised against measles

- 1973 and before: No
- 1975[2] to 1985: Yes (1 dose)
- 1986 onwards[3]: Yes (2 doses)

Birth cohorts immunised against rubella (German Measles)

- 1963 and before: No
- 1964[4] onwards (females): Yes (1 dose)
- 1970[5] onwards (males & females): Yes (1 dose)
- 1986 onwards: Yes (2 doses)

**Note: Varicella (Chicken Pox) and typhoid vaccination are not included in the NCIP. The introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.

[1] Applicants who had prior measles infection are required to provide documentary proof (i.e. Laboratory confirmation stating the date of infection and a medical diagnosis in writing by a recognised medical practitioner).

[2] Measles vaccination was introduced in children aged 1 year in 1976.

[3] Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.

[4] The second dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Primary 6) in 1998.

[5] Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

- A blood test (for antibodies) is required for applicants who had not been infected with Measles, Mumps, Rubella (German measles) and Varicella (Chicken Pox), or who has not been immunised for these diseases.
- Applicants who wish to receive vaccination without undergoing a serological blood test may choose to do so.
- Only those who are Singaporeans / Permanent Residents and were born in Singapore before 1 January 1975 are exempted from showing documentary evidence for Measles.

Example: *An applicant who had not been infected with Varicella (Chicken Pox), AND has not received a vaccination against Chicken Pox may decide to either a) Undergo a serological blood test (to test for immunity against Chicken Pox) and be found to have immunity against Chicken Pox,* ***OR*** *b) Receive Vaccination against Chicken Pox without undergoing a serological blood test.*

☐ I have taken a **serological blood test** which shows that I have immunity against measles, mumps, rubella and varicella.

☐ I **have/have not** (delete as applicable) taken a serological blood test and **have received vaccination** against measles, mumps, rubella and varicella.

Applicants are required to complete all declaration in the medical report and to acknowledge that –

a. Applicants must ensure their information provided is **true and correct with no deliberate omissions**, authorise National Institute of Early Childhood Development (NIEC) to access their medical results for application processing, and understand that **any** false or misleading declarations may lead to sanctions imposed by NIEC, such as **dismissal from course, forfeiture of fees, fine, and other disciplinary or civil actions.**

b. The applicant is required to undergo and complete the prescribed medical examination prior to the commencement of the academic semester. Referrals may be made at the discretion of the examining doctor, and all associated costs shall be borne exclusively by the applicant.

c. The applicant is obliged to comply fully with all requirements, procedures, and guidelines pertaining to the medical examination. Non-compliance or failure to complete the prescribed medical examination may result in delays to course completion, including but not limited to practicum and/or internship placements.

DECLARED BY:
I declare that the information provided above is true and correct.

_____ _____
Signature of Applicant **Date:**

PART 2. MEDICAL REPORT [TO BE COMPLETED BY THE EXAMINING DOCTOR]

A. **TYPES OF TESTS** (Please tick √ the appropriate box.)			
Type of Tests	**Normal**	**Abnormal**	**If abnormal, please provide details**
1. General Physical Examination			
2. Chest X-Ray			

Type of Blood Tests	**Positive**	**Negative**
3. Blood Tests (for antibodies)		
▪ Measles		
▪ Mumps		
▪ Rubella (German Measles)		
▪ Varicella (Chicken Pox)		

B. **VACCINATION GIVEN**	
Type of Immunisation	**Date Administered (if applicable)**
▪ MMR Vaccination (1st dose)	
▪ MMR Vaccination (2nd dose)	
▪ Varicella (Chicken Pox) (1st dose)	
▪ Varicella (Chicken Pox) (2nd dose)	

C. **OTHER RELEVANT FINDINGS**

D. CERTIFICATION BY EXAMINING DOCTOR

CERTIFIED BY:

I certify that I have examined _____ (Name & NRIC of Applicant) and my findings are as recorded above.

In my assessment, this person is: (Please tick √ the appropriate box.)

☐ **FIT** *(this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella, and varicella as stated in Part 2)*

☐ **FIT** *(this includes being found free from active tuberculosis and has taken 1 dose of MMR, fill in date of 2nd MMR dose below)*

2nd MMR dose is scheduled on _____.

☐ **UNFIT**

for an early childhood development, education and care related course (including the required internships/practicums in a preschool centre).

_____ _____

Name of Examining Doctor: (in Block Letters)

Signature:

Name and Address of Clinic:

Contact Number:	**Date:**