

INSTRUCTIONS ON MEDICAL EXAMINATION

1. All applicants who are considered for admission into courses offered by the National Institute of Early Childhood Development (NIEC) are required to undergo a medical examination, including a chest x-ray. This is to ensure that all applicants are certified medically fit for field practice activities (e.g., practicum and/or internship) at a preschool centre, as part of course requirements.
 2. In the medical form, applicants will have to make a declaration and provide documentary proof if they have been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox). (Note: Only those who are Singaporeans / Permanent Residents and were **born in Singapore before 1 January 1975 are exempted** from showing documentary evidence for Measles.)
 3. Applicants who are Singapore Citizens may refer to their immunisation records through any of the following options:
 - i. HealthHub App (those born in or after 1982 should be able to view their records)
 - ii. Health Booklet (Students are to show the personal details which can be found at the front of the booklet, and the page with the vaccination records showing the required vaccination details)
 - iii. Access and print out their immunisation records from the National Immunisation Registry (NIR) website* - <https://www.nir.hpb.gov.sg/nirp/eservices/login> (If the student is born on or after 1996 and between 1982 and 1995, but is unable to view the record on the HealthHub App)
- *SingPass is required to access the NIR website. Applicants below the age of 18 would require a parent to login (with Parent's SingPass) to access the immunisation records.
- Note: Records are accessible for Singapore Citizens born 1996 and onwards. Applicants may also consider requesting from the clinic where they had their immunisation administered for an immunisation certificate.
4. Applicants who had not been infected with and/or immunised for Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox) are required to either:
 - a. Undergo a serological blood test (for antibodies) to prove that they have been immunised against these diseases, OR
 - b. Receive the required vaccination(s) without undergoing a serological blood test
 5. Applicants are required to bring along the enclosed Medical Form (with Part 1 – Medical Declaration completed), supporting documents (e.g., proof of vaccination and/or immunity) and their NRIC/Passport to any medical doctor registered in Singapore.
 6. The fees incurred for a standard medical check-up and any other vaccines/injection advised/required by the doctor will be borne by the applicant and will not be eligible for reimbursement by NIEC.

7. Applicants must collect their medical report at the clinic where the medical examination is conducted and email the medical report to the Course Person-In-Charge. Failure to submit the Medical Report on a timely basis, could lead to non-acceptance to the course or a delay in course commencement.
8. Applicants are required to retain a copy of the Medical Report and other supporting documents such as proof of vaccination (e.g., immunisation certificate) and/or proof of immunity (e.g., serological blood test results or past diagnosis of measles infection through laboratory confirmation) which would be required for their practicum and internship registration purposes.
9. Applicants who fail to undergo the medical examination and/or submit a false declaration will be subjected to punitive actions which may include a withdrawal of the course offer.
10. Final acceptance to the course is subject to the results of the medical examination and the vaccination status.
11. For further clarifications, applicants may contact NIEC at admissions@niec.edu.sg.

MEDICAL FORM

Important notes:

1. This form has a total of three 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 assigned group of clinics.
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 <input type="checkbox"/> the appropriate box.) If "Yes", please provide details on a separate sheet of paper. <u>Note:</u> As the nature of the course requires applicants to work with young children in preschool centres, they are therefore required to have good mental and physical health. Hence, students with the following conditions may encounter difficulty in completing their course.			
Type of Illness / Disease	Yes	No	Not Sure
1. Psychiatric condition			
2. Uncontrolled 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):			
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 <input type="checkbox"/> the appropriate box.)			
Types	Yes, previously infected	Yes, received vaccination	No, neither infected nor vaccinated
1. Measles ¹			
2. Mumps			
3. Rubella (<i>German Measles</i>)			

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).

4. Varicella (<i>Chicken Pox</i>)			
<p>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.</p>			
<p>D. DECLARATION OF IMMUNISATION TAKEN (Please tick ✓ the appropriate box)</p>			
<p>GENERAL INFORMATION</p> <p><u>Birth cohorts immunised under the National Childhood Immunisation Programme (NCIP)</u></p> <p>Birth cohorts immunised against measles</p> <ul style="list-style-type: none"> • 1973 and before: No • 1975¹ to 1985: Yes (1 dose) • 1986 onwards²: Yes (2 doses) <p>Birth cohorts immunised against rubella (German Measles)</p> <ul style="list-style-type: none"> • 1963 and before: No • 1964³ onwards (females): Yes (1 dose) • 1970⁴ onwards (males & females): Yes (1 dose) • 1986 onwards: Yes (2 doses) <p>**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.</p> <ul style="list-style-type: none"> • A blood test (for antibodies) is <u>required</u> 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 serological blood test may choose to do so. • Only those who are <u>Singaporeans / Permanent Residents</u> and were born in Singapore before 1 January 1975 are exempted from showing documentary evidence for Measles. <p>Example: <i>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) <u>Undergo a blood test</u> (to test for immunity against Chicken Pox) and be found to have immunity against Chicken Pox, OR b) <u>Receive Vaccination against Chicken Pox</u> without undergoing a blood test.</i></p> <p><input type="checkbox"/> I have taken a serological test which shows that I have immunity against measles, mumps, rubella, and varicella.</p> <p><input type="checkbox"/> I have/have not (delete as applicable) taken a serological test and have received vaccination against measles, mumps, rubella, and varicella.</p>			

DECLARED BY:

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

Signature of Applicant

Date:

¹ Measles vaccination was introduced in children aged 1 year in 1976.

² Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.

³ The second dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Primary 6) in 1998.

⁴ Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

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 (1 st dose)			
▪ MMR Vaccination (2 nd dose)			
▪ Varicella (Chicken Pox) (1 st dose)			
▪ Varicella (Chicken Pox) (2 nd dose)			
C. OTHER RELEVANT FINDINGS			
D. CERTIFICATION BY EXAMINING DOCTOR			
<p>CERTIFIED BY: I certify that I have examined _____ (Name & NRIC of Applicant) and my findings are as recorded above.</p> <p>In my assessment, this person is: (Please tick ✓ the appropriate box.)</p> <p><input type="checkbox"/> FIT (this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella, and varicella as stated in Part 2)**</p> <p><input type="checkbox"/> FIT (this includes being found free from active tuberculosis and staff has taken 1 dose of MMR, fill in date of 2nd MMR dose below) 2nd MMR dose is scheduled on _____.</p> <p><input type="checkbox"/> UNFIT for an early childhood development, education and care related course (incl. the required internship/practicum in a preschool centre).</p>			

<hr/> Name of Examining Doctor: (in Block Letters)		<hr/> Signature:	
Name and Address of Clinic:			
Contact Number:		Date:	