



**MEDICAL REPORT FOR *HIGHER NITEC* / TECHNICAL DIPLOMA IN BEAUTY & WELLNESS  
MANAGEMENT COURSE**

**TO BE COMPLETED BY EXAMINING DOCTOR**

|                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                       |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------|--------------------------|
| Name of student : _____                                                                                                                                                                                                                                                                                                                                                                           |                   | Date : _____                          |                          |
| NRIC/Passport No : _____                                                                                                                                                                                                                                                                                                                                                                          |                   | * Gender : Male / Female              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Age : _____                           |                          |
| Please indicate whether student is found to be suffering from the following:                                                                                                                                                                                                                                                                                                                      |                   |                                       |                          |
| Epilepsy                                                                                                                                                                                                                                                                                                                                                                                          |                   | * <b>YES / NO</b>                     |                          |
| Thyroid Disorder                                                                                                                                                                                                                                                                                                                                                                                  |                   | * <b>YES / NO</b>                     |                          |
| Diabetes                                                                                                                                                                                                                                                                                                                                                                                          |                   | * <b>YES / NO</b>                     |                          |
| Eczema                                                                                                                                                                                                                                                                                                                                                                                            |                   | * <b>YES / NO</b>                     |                          |
| Colour Blindness                                                                                                                                                                                                                                                                                                                                                                                  |                   | * <b>YES / NO</b>                     |                          |
| Remarks : _____                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                       |                          |
| Height : _____                                                                                                                                                                                                                                                                                                                                                                                    | Weight : _____    | Acuity of Vision                      | R                      L |
| BMI : _____                                                                                                                                                                                                                                                                                                                                                                                       |                   | * Glasses / No Glasses                |                          |
| Urine Analysis :                                                                                                                                                                                                                                                                                                                                                                                  | Glucose _____     |                                       |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   | Protein _____     |                                       |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   | Blood _____       |                                       |                          |
| Blood Analysis :                                                                                                                                                                                                                                                                                                                                                                                  | Hb% _____         |                                       |                          |
| HB Profile :                                                                                                                                                                                                                                                                                                                                                                                      | HBs Ag _____      |                                       |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                   | HB Antibody _____ |                                       |                          |
| Pulse : _____                                                                                                                                                                                                                                                                                                                                                                                     |                   | Blood Pressure : _____                |                          |
| Ears : _____                                                                                                                                                                                                                                                                                                                                                                                      |                   | Nose : _____                          |                          |
| Tonsils : _____                                                                                                                                                                                                                                                                                                                                                                                   |                   | Heart : _____                         |                          |
| Skin : _____                                                                                                                                                                                                                                                                                                                                                                                      |                   | Abdomen & Pelvic : _____              |                          |
| Hernia or Enlarged Rings : _____                                                                                                                                                                                                                                                                                                                                                                  |                   | Back & Spine : _____                  |                          |
| Haemorrhoids : _____                                                                                                                                                                                                                                                                                                                                                                              |                   | Injury, Operations or Illness : _____ |                          |
| Uncontrolled Asthma : _____                                                                                                                                                                                                                                                                                                                                                                       |                   | Nail Diseases : _____                 |                          |
| Mobility Restrictions : _____                                                                                                                                                                                                                                                                                                                                                                     |                   | Pregnancy: _____                      |                          |
| Remarks : (a) General Physique : _____                                                                                                                                                                                                                                                                                                                                                            |                   |                                       |                          |
| (b) Mental Disposition : _____                                                                                                                                                                                                                                                                                                                                                                    |                   |                                       |                          |
| I have hereby completed a medical examination of this student. I find him/her to be * <b>free / suffering</b> from organic and infectious disease and is physically and mentally * <b>fit / unfit</b> to pursue the <i>Higher Nitec / Technical Diploma</i> in Beauty & Wellness Management course at ITE, which includes performing of massage and usage of sharp tools & electronic equipments. |                   |                                       |                          |
| Remarks, if any _____                                                                                                                                                                                                                                                                                                                                                                             |                   |                                       |                          |
| _____                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                       |                          |
| Name of doctor : _____                                                                                                                                                                                                                                                                                                                                                                            |                   | Signature of Doctor : _____           |                          |
| Name and Address of Practice: _____                                                                                                                                                                                                                                                                                                                                                               |                   | Date of Medical Examination : _____   |                          |

\* Delete where appropriate



## ITE STUDENT MEDICAL EXAMINATION

### HOW TO BOOK YOUR APPOINTMENT VIA PINNACLESG+ APP

#### KINDLY NOTE OF THE FOLLOWING:

- Bookings are to be made at least 2 days in advance.
- You may reschedule at least 24 hours before appointment.
- Please enable your in-app notification to allow appointment reminders.

1

Download PinnacleSG+ app through App Store or Play Store. Alternatively, you may scan the QR code at the side.

Download link: [pinnaclefamilyclinic.page.link/pinnaclesgplus](https://pinnaclefamilyclinic.page.link/pinnaclesgplus)



2

[For New Users] Create your account for yourself.  
(Kindly ensure all data is accurate)

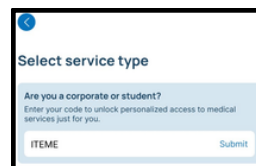
3

Click on 'Book Appointment'.  
Then 'Select Service'.



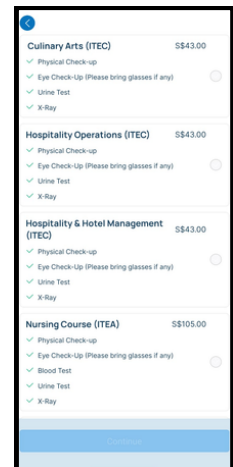
4

Input 'ITEME' in the corporate code.  
(Kindly book your relevant vaccination(s), and/or serology test with this code for ITE rates.)



5

Kindly select your course as per the options.  
Image for reference on the right.

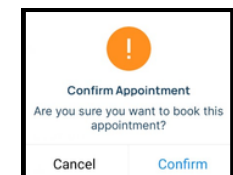


6

Select your preferred location, appointment date and time.

7

Upon confirmation, your appointment has been booked.



If you have any app-related issues, please call our 24/7 hotline at [62351852](tel:62351852).

If you have any questions about the medical appointment, whatsapp [96408713](tel:96408713).

#### ON THE DAY OF THE APPOINTMENT:

- Students should bring along a **printed copy** of their medical examination form, their health booklet and access Healthhub records during the visit.
- Students will undergo a physical examination, blood test (if applicable) and urine test. Please note that students undergoing menstruation during their appointment will be asked to return 5 days after the end of their period to perform their urine test.

**Medical examination check-up are only by appointment-basis via PinnacleSG+ app.**



# Pinnacle Family Clinic

Caring for you

| SN | Name of Clinic                              | Contact Details                                           | Address                                                                |
|----|---------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------|
| 1  | Pinnacle Family Clinic (River Valley)       | Tel <sup>1</sup> : 68366986<br>WA <sup>2</sup> : 88692116 | 240 River Valley Rd, Singapore 238297                                  |
| 2  | Pinnacle Family Clinic (Compassvale)        | Tel: 63861089<br>WA: 98372654                             | 289C Compassvale Crescent #01-04 Singapore 543289                      |
| 3  | Pinnacle Family Clinic (Woodlands)          | Tel: 67601623<br>WA: 88694905                             | Blk 573 Woodlands Drive 16 #01-06 Woodlands Glen Singapore 730573      |
| 4  | Pinnacle Family Clinic (Buangkok Square)    | Tel: 69099203<br>WA: 98318254                             | 991 Buangkok Link, #02-05 Buangkok Square Singapore 530991             |
| 5  | Pinnacle Family Clinic (Serangoon North)    | Tel: 62193910<br>WA: 98373235                             | Blk 518 Serangoon North Ave 4 #B1-208 Singapore 550518                 |
| 6  | Pinnacle Family Clinic (Pasir Ris)          | Tel: 62437338<br>WA: 98208463                             | Blk 571 Pasir Ris St 53 #01-50 Singapore 510571                        |
| 7  | Pinnacle Family Clinic (Yew Tee)            | Tel: 62357893<br>WA: 98294376                             | Blk 790 Choa Chu Kang North 6 #01-238 Singapore 680790                 |
| 8  | Pinnacle Family Clinic (Northshore Plaza I) | Tel: 65189586<br>WA: 98637045                             | 407 Northshore Drive #02-18 Singapore 820407                           |
| 9  | Pinnacle Family Clinic (Sembawang)          | Tel: 65703768<br>WA: 98382718                             | 604 Sembawang Road, Sembawang Shopping Centre, #B1-03 Singapore 758459 |
| 10 | Pinnacle Family Clinic (Dakota)             | Tel: 65399712<br>WA: 80283182                             | Blk 91 Jalan Satu #01-05 Singapore 390091                              |
| 11 | Pinnacle Family Clinic (Changi North)       | Tel: 63203938<br>WA: 97202389                             | 963C Upper Changi Road North #02-09 Singapore 506790                   |
| 12 | Pinnacle Family Clinic (DUO Galleria)       | Tel: 63223488<br>WA: 88690813                             | 7 Fraser Street DUO Galleria #B3-12 Singapore 189356                   |
| 13 | Pinnacle Family Clinic (Dairy Farm)         | Tel: 65135087<br>WA: 97122952                             | 4 Dairy Farm Lane #B1-07 Singapore 677622                              |
| 14 | Pinnacle Family Clinic (Clementi)           | Tel: 65138718<br>WA: 80286916                             | 209A Clementi Avenue 6 #01-06 Singapore 121209                         |
| 15 | Pinnacle Family Clinic (Sengkang)           | Tel: 69700587<br>WA: 97862189                             | Blk 170A Sengkang East Drive #01-06 Singapore 541170                   |
| 16 | Pinnacle Family Clinic (Tampines North)     | Tel: 65137189<br>WA: 81259323                             | 633 Tampines North Drive 2 #02-06 Singapore 520633                     |
| 17 | Pinnacle Family Clinic (Pioneer MRT)        | Tel: 65142313<br>WA: 89637381                             | 31 Jurong West Street 63 #02-01 Singapore 648310                       |
| 18 | Pinnacle Family Clinic (Tengah)             | Tel: 65143038<br>WA: 97829031                             | Blk 235B Tengah Garden Walk #01-334 Singapore 692235                   |
| 19 | Pinnacle Family Clinic (Lentor Modern)      | Tel: 62983818<br>WA: 80782508                             | 1 Lentor Central #01-46 Lentor Modern Singapore 788887                 |
| 20 | Pinnacle Family Clinic (Bedok)              | Tel: 62221062<br>WA: 89860315                             | 315 New Upper Changi Road #01-01 Singapore 467347                      |
| 21 | Pinnacle Medical Centre (Raffles Place)     | Tel: 65146889<br>WA: 96548832                             | 22 Malacca Street #13-03 RB Capital Building Singapore 048980          |

**Please note Student medical examination check-up is by appointment-basis via PinnacleSG+ app only.**

For updated list of clinics and their operating hours, you may scan the visit our website at <https://pinnaclefamilyclinic.com.sg/our-locations>. Alternatively, you may scan the QR code on the right.



<sup>1</sup> Tel is an abbreviation for Telephone.

<sup>2</sup> WA is an abbreviation for WhatsApp.

Contact us on WhatsApp at +65 96408713

HEALTHWAY MEDICAL GROUP - BRANCHES & CONSULTATION HOURS  
GENERAL PRACTITIONER CLINICS

| No. | Location                                        | Branch/ Clinic                                                                                                                               | Doctor                                      | Mon to Fri                                                                                                          | Sat, Sun & PH                                                                            | X-ray Facilities<br>(subject to changes)                                                                        |
|-----|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 01  | Ang Mo Kio Ave 10<br><br>VPPC<br><br>Code: PAMK | Healthway Medical<br>452 Ang Mo Kio Avenue 10<br>#01-1787<br>Singapore 560452<br>Tel: 6451 6558<br>Fax: 6451 6559                            | Dr Hing Siong Chen<br><br>Dr Cheng Yu Ching | Mon – Thurs<br>8:00am – 1:00pm<br>2:00pm – 5:00pm<br>6:00pm–9:00pm<br><br>Fri<br>8:00am – 1:00pm<br>2:00pm – 5:00pm | Sat<br>8:00am – 1:00pm<br>2:00pm – 5:00pm<br><br>Sun & Public Holiday<br>8:00am – 1:00pm | Radlink lite @ AMK<br>422 Ang Mo Kio Ave 3<br>#01-2516<br>Singapore 560422                                      |
| 02  | Bedok North<br><br>VPPC<br><br>Code: BDK        | Healthway Medical<br>Blk 218 Bedok North Street 1<br>(Near Bedok MRT station)<br>#01-17 Singapore 460218<br>Tel: 6441 0236<br>Fax: 6441 0276 | Dr Queenie Lim<br><br>Dr Shawn Tan Si Hong  | Mon – Fri***<br>8:00am – 1:00pm<br>2:00pm – 5:00pm<br>6:00pm–10:00pm                                                | Sat, Sun & Public Holidays<br>8:00am – 1:00pm<br>2:00pm – 5:00pm                         | Asia Diagnostic Group Blk 214 Bedok North Street 1<br>#01-165<br>Singapore 460214                               |
| 03  | Jurong East**<br><br>Code: JMCO                 | Medico Clinic & Surgery<br>Blk 249 Jurong East Street 24<br>#01-88<br>Singapore 600249<br>Tel: 6561 0934                                     | Dr Chen Jimou*                              | Mon to Thu***<br>9:00am - 1:00pm<br>2:00pm - 4:30pm<br><br>Fri***<br>9:00am - 1:00pm                                | Sat***<br>9.00am - 1:00pm<br><br>Sun & Public Holidays***<br>Closed.                     | Radlink Lite @ Jurong<br>1 Jurong West Central 2, #B1A-19C,<br>Jurong Point Shopping Centre<br>Singapore 648886 |
| 04  | Novena<br><br>VPPC<br><br>Code: NSQ             | Healthway Medical<br>10 Sinaran Drive<br>#09-36 Novena Medical Centre<br>Singapore 307506<br><br>Tel: 6352 8696<br>Fax: 6352 8695            | Dr John Cheng Ping Chang                    | Mon<br>8.30am – 1.00pm<br>2.00pm – 6.00pm<br><br>Tue – Fri<br>8.30am – 1.00pm<br>2.00pm – 5.30pm                    | Sat<br>9.00am – 1.00pm<br><br>Sun & Public Holidays Closed                               | Life Scan<br>10 Sinaran Dr, #08-02<br>Novena Medical Centre, Singapore 307506<br><br>DX Imaging                 |
| 05  | Shenton Way<br><br>VPPC<br><br>Code: S&A        | Healthway Medical<br>6A Shenton Way<br>#02-15 Downtown Gallery<br>Singapore 0688815<br>Tel: 6220 2383<br>Fax: 6220 2160                      | Dr Chia Mei Fen                             | Mon – Fri<br>8.30am – 1.00pm<br>2.00pm – 5.30pm                                                                     | Sat, Sun & Public Holidays Closed                                                        | Healthway Screening @ Downtown<br>6A Shenton Way,<br>#03-11 Downtown Gallery, Singapore, 068815                 |

| No. | Location                                           | Branch/ Clinic                                                                                            | Doctor                                            | Mon to Fri                                                                                                                          | Sat, Sun & PH                                                 | X-ray Facilities<br>(subject to changes)                                                                        |
|-----|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 06  | Towner Road<br><br>VPPC<br><br>Code:<br>HBK        | Healthway Medical<br>Blk 101 Towner Road, #01-236<br>Singapore 322101<br>Tel: 6297 7592<br>Fax: 6297 6934 | Dr Wee Tien<br>Hsu Jeremy                         | Mon & Thurs<br>8:30am – 1:00pm<br>2:00pm – 5:00pm<br>6:00pm – 9:00pm<br><br>Tue, Wed & Fri***<br>8:30am – 1:00pm<br>2:00pm – 5:00pm | Sat, Sun & Public<br>Holiday<br>8:30am – 1:00pm               | Boston Imaging<br>Radiology &<br>Diagnostic Pte Ltd<br>Blk 101 Towner Road<br>#01-200<br>Singapore 322101       |
| 07  | Tampines<br>St 11<br><br>VPPC<br><br>Code:<br>UMTP | Healthway Medical<br>Blk 139 Tampines St 11<br>#01-16<br>Singapore 521139<br>Tel: 6781 2281               | Dr Choong<br>Sheau Peng<br><br>Dr Ho Tet<br>Khiun | Mon – Fri<br>8:30am – 1:00pm<br>2:00pm – 4:30pm<br>6:45pm – 8:45pm                                                                  | Sat & Sun<br>8:30am – 12:30pm<br><br>Public Holiday<br>Closed | Tampines Street 11<br>X-Ray Clinic (Medical<br>Imaging)<br>138 Tampines St. 11,<br>#01-130, Singapore<br>521138 |