

INSTRUCTIONS ON MEDICAL EXAMINATION

1. All pre-service applicants¹ 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 an 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 immunity against these diseases, OR
 - b. Receive the required vaccination(s) without undergoing a serological blood test

¹ Pre-service applicants refer to applicants who are currently not employed in a childcare centre or kindergarten.

5. Applicants are required to bring along the enclosed Medical Form (with Part 1 – Medical Declaration completed) along with 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 submit the medical forms when they come to the admissions office for matriculation into the course.
8. Applicants are required to retain a copy of the Medical Report and the relevant 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 medical 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.
11. For further clarifications, applicants may email to Shanna-Mae_De_Cruz@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 ✓ 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. 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):			
*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 practicum in working with young children aged 18 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 (<i>German Measles</i>)			
4. Varicella (<i>Chicken Pox</i>)			
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 <u>Birth cohorts immunised under the National Childhood Immunisation Programme (NCIP)</u> Birth cohorts immunised against measles • 1973 and before: No • 1975² to 1985: Yes (1 dose) • 1986 onwards³: Yes (2 doses) Birth cohorts immunised against rubella (<i>German Measles</i>) • 1963 and before: No • 1964⁴ onwards (females): Yes (1 dose) • 1970⁵ onwards (males & females): Yes (1 dose) • 1986 onwards: Yes (2 doses) **Note: Varicella (<i>Chicken Pox</i>) 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 serological 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.

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.

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 (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

CERTIFIED BY:

I certify that I have examined and verified the vaccination records of _____ (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 staff 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 (incl. the required internship/practicum in a preschool centre).

Name of Examining Doctor:
(in Block Letters)

Signature:

Name and Address of Clinic:

Contact Number:

Date:



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.

- 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

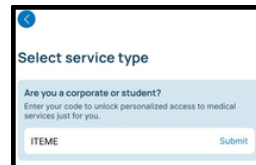


- [For New Users] Create your account for yourself.
(Kindly ensure all data is accurate)

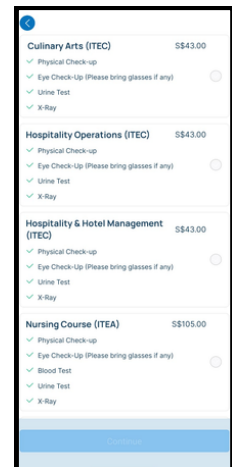
- Click on 'Book Appointment'.
Then 'Select Service'.



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

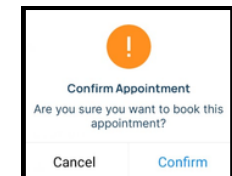


- Kindly select your course as per the options.
Image for reference on the right.



- Select your preferred location, appointment date and time.

- 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.

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



¹ Tel is an abbreviation for Telephone.

² 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 (subject to changes)
01	Ang Mo Kio Ave 10 VPPC Code: PAMK	Healthway Medical 452 Ang Mo Kio Avenue 10 #01-1787 Singapore 560452 Tel: 6451 6558 Fax: 6451 6559	Dr Hing Siong Chen Dr Cheng Yu Ching	Mon – Thurs 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm–9:00pm Fri 8:00am – 1:00pm 2:00pm – 5:00pm	Sat 8:00am – 1:00pm 2:00pm – 5:00pm Sun & Public Holiday 8:00am – 1:00pm	Radlink lite @ AMK 422 Ang Mo Kio Ave 3 #01-2516 Singapore 560422
02	Bedok North VPPC Code: BDK	Healthway Medical Blk 218 Bedok North Street 1 (Near Bedok MRT station) #01-17 Singapore 460218 Tel: 6441 0236 Fax: 6441 0276	Dr Queenie Lim Dr Shawn Tan Si Hong	Mon – Fri*** 8:00am – 1:00pm 2:00pm – 5:00pm 6:00pm–10:00pm	Sat, Sun & Public Holidays 8:00am – 1:00pm 2:00pm – 5:00pm	Asia Diagnostic Group Blk 214 Bedok North Street 1 #01-165 Singapore 460214
03	Jurong East** Code: JMCO	Medico Clinic & Surgery Blk 249 Jurong East Street 24 #01-88 Singapore 600249 Tel: 6561 0934	Dr Chen Jimou*	Mon to Thu*** 9:00am - 1:00pm 2:00pm - 4:30pm Fri*** 9:00am - 1:00pm	Sat*** 9.00am - 1:00pm Sun & Public Holidays*** Closed.	Radlink Lite @ Jurong 1 Jurong West Central 2, #B1A-19C, Jurong Point Shopping Centre Singapore 648886
04	Novena VPPC Code: NSQ	Healthway Medical 10 Sinaran Drive #09-36 Novena Medical Centre Singapore 307506 Tel: 6352 8696 Fax: 6352 8695	Dr John Cheng Ping Chang	Mon 8.30am – 1.00pm 2.00pm – 6.00pm Tue – Fri 8.30am – 1.00pm 2.00pm – 5.30pm	Sat 9.00am – 1.00pm Sun & Public Holidays Closed	Life Scan 10 Sinaran Dr, #08-02 Novena Medical Centre, Singapore 307506 DX Imaging
05	Shenton Way VPPC Code: S&A	Healthway Medical 6A Shenton Way #02-15 Downtown Gallery Singapore 0688815 Tel: 6220 2383 Fax: 6220 2160	Dr Chia Mei Fen	Mon – Fri 8.30am – 1.00pm 2.00pm – 5.30pm	Sat, Sun & Public Holidays Closed	Healthway Screening @ Downtown 6A Shenton Way, #03-11 Downtown Gallery, Singapore, 068815

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