PRE-ADMISSION MEDICAL DECLARATION FORM
(*Higher Nitec* in Opticianry)

TO BE COMPLETED BY APPLICANT
(By completing this form, you have **consented** to your medical history being released to ITE)

Full Name :	NRIC/Passport No :
Contact No : Tel: HP:	
Contact Address :	

PERSONAL MEDICAL RECORD:

Answer '**Y**' for 'Yes' and '**N**' for 'No' in the boxes. Please leave blank any fields that you are unsure of and seek advice

Frequent headaches		G6PD Deficiency (in blood)		Previously smoking/vaping	
Dizziness or Fainting		Anaemia (low red blood cells)		Currently smoking/vaping	
Fits / Epilepsy		Bruising easily		(sticks per day:)	
		Anxiety			
Blindness in one eye (R / L)		Stress disorder / nervous breakdown		Tattoo on body	
Colour Blindness		Previous counselling or visits to a			
Other Eye Problems, if any		Psychiatrist for: family/social issues,		Location:	
Hearing difficulties		depression, mood disorders or other			
Frequent sneezing /running nose		mental health conditions		Allergies:	
Asthma		Have you ever been referred to a school		Liquid detergent / soap	
Lung infections		counsellor or to a (MOE) psychologist		Metal (e.g. Nickel / copper)	
(eg. TB or pneumonia)		during pri/sec school for special needs		Others:	
Hepatitis A		assessment eg. Dyslexia/ADHD/ASD			
Hepatitis B or C or a carrier		or any learning difficulties?			
HIV carrier / AIDS		Was granted extra time in exams			
Gastritis (Gastric problems)		Previous surgical operations			
Diabetes Mellitus		Previous admissions into hospital		For Females Only:	
High Blood Pressure		Unsteady hands or Sweaty palms		Currently Pregnant	
Kidney / Bladder Disease		Speech problems		EDD:	
Bone problems		Currently on any medication			
(eg. Fractures/deformity/weakness)		please specify:			
Frequent Backache					
Rashes (recurrent)					
Other skin conditions, if any					

Please specify if you answer 'YES' to any of the above: _____

_____

I hereby declare that all the information provided is true and accurate to the best of my knowledge and have not deliberately omitted any relevant fact(s). Should I be admitted to ITE on the basis of the information given in this report which may later found to be false or inaccurate, I understand that I will render myself liable to appropriate disciplinary action, including DISMISSAL from the course.

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Date Signature of Student