PRE-ADMISSION MEDICAL EXAMINATION FORM
(Higher Nitec in Nursing Course)

PART A : TO BE COMPLETED BY STUDENT
(By completing this form, you have **consented** to your medical report being released to ITE)

Full Name :	NRIC/Passport No :
Contact No : Tel: HP:	Academic Qualification (delete accordingly): GEC-'O' / N(A) / N(T) Level / Nitec in _____ Year Obtained :_____
Date of Birth :	Results of the following subjects (please indicate): Cumulative GPA: ____(For Nitec only) Eng: _____ / Maths: _____ / Science:_____ / Others:_____
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/vape	
Dizziness or Fainting		Anaemia (low red blood cells)		Currently smoking/vaping	
Fits / Epilepsy		Bruising easily		(sticks per day:)	
Wear glasses or contact lens		Anxiety		(Vape Frequency : __ times per day)	
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		mental health conditions		Allergies:	
Asthma		Have you ever been referred to a school		Liquid detergent / soap	
Lung infections		counsellor or to a MOE psychologist		Medication	
(eg. TB or pneumonia)		during pri/sec school for special needs		Rubber (e.g. gloves)	
Hepatitis A		assessment eg. Dyslexia/ADHD/ASD		Metal (e.g. Nickel / copper)	
Hepatitis B or C or a carrier		or any learning difficulties?		Others:	
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		Abortions	
Kidney / Bladder Disease		Speech problems		Pregnancies	
Bone problems (eg.		Currently on medication			
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: _____

FAMILY MEDICAL HISTORY:

High Blood Pressure		Allergies	
Mental Illness		Migraine	
Heart Diseases		Hepatitis A / B / C	
Kidney Diseases		HIV/AIDS	
Diabetes Mellitus		Tuberculosis (TB)	
Asthma		Cancer	
Eczema (allergic skin disease)		Others:	

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

IMMUNIZATION HISTORY (Serological evidence or documented record of vaccination is required)

Have you received vaccination for:	**Y/N**	**Date**		
Hepatitis B				
Chicken Pox				
Mumps/Measles/Rubella (MMR)				
Influenza				
Tetanus, Diphtheria and Pertussis (Tdap)				
COVID				

(If 'N' (No), you are required to be vaccinated before commencement of hospital attachment)

No. of doses: _____

I hereby declare that all the information provided is true and accurate to the best of my knowledge and I 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 turn out to be false or inaccurate, I understand that I will render myself liable to appropriate disciplinary action, including DISMISSAL from the course.

_____ _____

Date Signature of Student

Name of student : _____ NRIC/Passport No : _____

PART B : TO BE COMPLETED BY THE EXAMINING DOCTOR
(Please note that all *Higher Nitec* in Nursing students must declare any conditions stated on pg. 1 of this report)

Height :		(normal BMI: 18.5 - 22.9)	Acuity of Vision	R L
Weight:		BMI score:_____	*Glasses / No Glasses	
Urine Analysis :	Glucose	_____		
	Protein	_____	This applicant has colour blindness	*YES / NO
	Blood	_____	If yes, details:_____	
Blood Analysis :	Hb%	_____		
Hepatitis Profile :	HBs Ag	_____	Lungs (Chest X-ray Report to be attached)	
	HB Antibody	_____		
	Anti-HCV	_____		
Varicella Profile:	VZV IgG Ab EIA	_____		
HIV Status:	HIV Ag/Ab	_____		

Pulse :	Blood Pressure :
Ears :	Nose :
Tonsils :	Heart :
Skin :	Abdomen & Pelvic :
Hernia or Enlarged Rings :	Back & Spine :
Haemorrhoids :	Injury, Operations or Illness :

Under the **Singapore Nursing Board's 'Fitness to Practice Advisory for Nursing Students',** all applicants must be certified to have the following abilities to perform direct patient care activities safely and effectively:

1. **Mental-Cognitive ability**, including interpersonal-communication ability and behavioural stability to function under stressful work environment, provide safe care to patients, including safety to self.
2. **Physical ability** to perform patient transfers, complex sequences of hand-eye coordination including walk/stand/lifting.
3. **Auditory ability** to hear faint body sounds, normal speaking sound level, and alarms/sounds from devices/monitors.
4. **Visual ability** to detect changes in physical appearance, colour, contour, and accurately read medication/drug labels.

Taking into consideration Singapore Nursing Board's 'Fitness To Practice Advisory for Nursing Students',
I have completed a medical examination and an overall assessment of this student. I find *him / her to be:
(please circle) *free from / living with - a mental disorder or illness: _____
(please circle) *free from / living with - the medical condition(s): _____
(please circle) *free from / living with - physical impairment: _____
** *Attach additional Dr Memo if necessary*

*☐ I hereby **Defer** to certify the student and refer *him / her back to the school for advice. (See remarks)
*☐ I hereby certify the student ***Fit / Unfit*** to pursue the ITE *Higher Nitec* in Nursing course, which includes the compulsory Clinical Education that requires delivery of direct patient care at healthcare institutions.

Notwithstanding the outcome of the medical examination herein, I acknowledge that the school has the final prerogative to determine the student's overall suitability for the nursing course from a wholistic consideration.

Note: In accordance with Ministry of Health guidelines, applicants infected with blood-borne diseases (BBD) may commence and complete their course if they choose to do so, provided that they formally accept the requirement they will not be allowed to perform exposure-prone procedures (EPPs), and they recognise that some career pathways will not be open to them.

Remarks, if any _____
_____

Name of Doctor :	Signature of Doctor :
Name and Address of Practice: * Delete where appropriate	Date of Medical Examination :

Updated: 2 Dec 2024

Pinnacle Family Clinic
Caring for you

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.

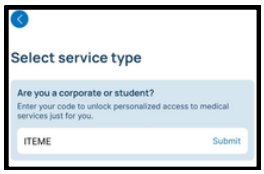
1. Download PinnacleSG+ app through App Store or Play Store. Alternatively, you may scan the QR code at the side.

   Download link: pinnaclefamilyclinic.page.link/pinnaclesgplus

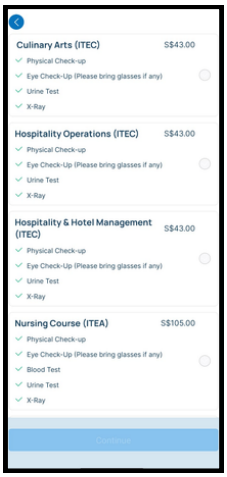
2. [For New Users] Create your account for yourself.
   (Kindly ensure all data is accurate)

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.)

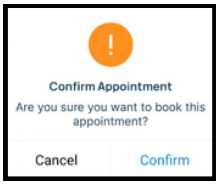


5. Kindly select your course as per the options.
   Image for reference on the right.



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.
If you have any questions about the medical appointment, whatsapp 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.

For updated clinics and operation hours, kindly visit our website. pinnaclefamilyclinic.com.sg/our-locations

Pinnacle Family Clinic
Caring for you

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

Empowering Healthier Lives

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 √PPC 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 √PPC 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 √PPC 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 √PPC 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

6 Shenton Way #10-09, OUE Downtown 2 Singapore 068809 | D (65) 81896060 | F (65) 6235 0809 | healthwaymedical.com
Healthway Medical Group Pte Ltd UEN: 199400795H

Healthway Medical

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No.	Location	Branch/ Clinic	Doctor	Mon to Fri	Sat, Sun & PH	X-ray Facilities (subject to changes)
06	Towner Road √PPC 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 √PPC 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

6 Shenton Way #10-09, OUE Downtown 2 Singapore 068809 | D (65) 81896060 | F (65) 6235 0809 | healthwaymedical.com
Healthway Medical Group Pte Ltd UEN: 199400795H