

PRE-ADMISSION MEDICAL EXAMINATION FORM
(Higher Nitec in Community Care & Social Services 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 :	Academic Qualification (delete accordingly):
Tel: HP:	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)
Contact Address :	Eng: _____ / Maths: _____ / Science: _____ / Others: _____

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	Location: _____
Other Eye Problems, if any	Psychiatrist for: family/social issues,	Allergies:
Hearing difficulties	depression, mood disorders or other	Liquid detergent / soap
Frequent sneezing /running	mental health conditions	Medication
Asthma	Have you ever been referred to a school	Rubber (e.g. gloves)
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	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	(If 'N' (No), you are required to be vaccinated before commencement of hospital attachment)
Hepatitis B			
Chicken Pox			
Mumps/Measles/Rubella (MMR)			
Influenza			
Tetanus, Diphtheria and Pertussis (Tdap)			
COVID			
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 Community Care & Social Services 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 _____	This applicant has colour blindness *YES / NO If yes, details: _____
Protein _____	
Blood _____	
Blood Analysis : Hb% _____	Lungs (Chest X-ray Report to be attached)
Hepatitis Profile : HBs Ag _____	
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 : _____

All applicants for the *Higher Nitec* in Community Care & Social Services must be certified to have the following abilities to perform direct patient/Client 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 the physical demands of the course in caring of vulnerable persons (Fitness To Practice)

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 Community Care & Social Services 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 holistic 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:

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



2

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

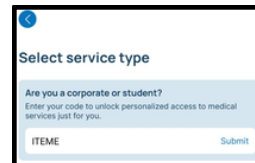
3

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



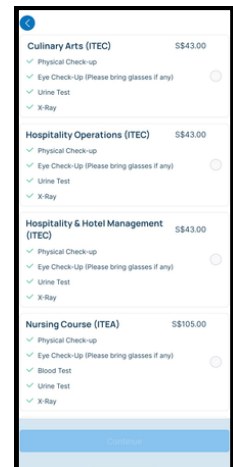
4

Input 'ITEME' in the corporate code.
(Kindly book your relevant vaccination(s) with this code for ITE vaccination rates.)



5

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

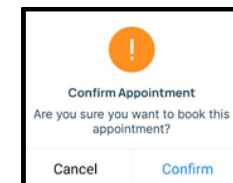


6

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).

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 (Hougang)	Tel: 65189981 WA: 82996316	Blk 356 Hougang Ave 7 #01-791 Singapore 530356
12	Pinnacle Family Clinic (Changi North)	Tel: 63203938 WA: 97202389	963C Upper Changi Road North #02-09 Singapore 506790
13	Pinnacle Family Clinic (DUO Galleria)	Tel: 63223488 WA: 88690813	7 Fraser Street DUO Galleria #B3-12 Singapore 189356
14	Pinnacle Family Clinic (Dairy Farm)	Tel: 65135087 WA: 97122952	4 Dairy Farm Lane #B1-07 Singapore 677622
15	Pinnacle Family Clinic (Clementi)	Tel: 65138718 WA: 80286916	209A Clementi Avenue 6 #01-06 Singapore 121209
16	Pinnacle Family Clinic (Sengkang)	Tel: 69700587 WA: 97862189	Blk 170A Sengkang East Drive #01-06 Singapore 541170
17	Pinnacle Family Clinic (Tampines North)	Tel: 65137189 WA: 81259323	633 Tampines North Drive 2 #02-06 Singapore 520633
18	Pinnacle Family Clinic (Pioneer MRT)	Tel: 65142313 WA: 89637381	31 Jurong West Street 63 #02-01 Singapore 648310
19	Pinnacle Family Clinic (Tengah)	Tel: 65143038 WA: 97829031	Blk 235B Tengah Garden Walk #01-334 Singapore 692235
20	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 West VPPC Code: JP	Healthway Medical Blk 690 Jurong West Central 1 (Opposite Jurong Point Shopping Centre next to Boon Lay MRT station) #01-193 Singapore 640690 Tel: 6792 1812 /6791 5719	Dr Evinda Ong	Mon - Thurs 8:30am – 12:30pm 2:00pm – 5.00pm 6:00pm – 9:00pm Fri*** 8:30am – 12:30pm 2:00pm – 5.00pm	Sat, Sun & Public Holiday 8:30am – 12:30pm	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