MINISTRY OF HEALTH

USE QUANTUM CHECK FOR CONVERSION OF COMMERCIAL SPACES TO MEDICAL CLINIC

GENERAL INFORMATION AND INSTRUCTIONS

(i) This form is for parties intending to convert commercial space to medical clinics to verify if they need to submit a planning application to the Urban Redevelopment Authority (URA). Details of the guidelines for change of use of commercial space to medical clinics can be found at: https://www.ura.gov.sg/guidelines/archived-circulars/dc14-28/

(ii) Please complete this form and submit it to MOH Check GFA email address at: MOH_Check_GFA@moh.gov.sg

(iii) MOH will reply within 14 working days of receipt of this form.

(iv) Please ensure that the information provided is accurate, as MOH will perform the necessary checks based on the information provided.

(v) By completing and submitting this form to MOH, you agree that MOH may use the information you have submitted for the purpose stated in (i), and for the information you have submitted to be shared between MOH and other relevant government agencies (including URA) for this purpose.

SECTION A: BUSINESS CONTACT INFORMATION

Full name: _____

Salutation / Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other: _____

Designation: _____

Company: _____

Mailing Address: _____

_____

Contact no.: _____

Email address: _____

I am applying as a: ☐ Director / Business Owner (Sole Proprietor) / Would-be licensee applying for my business / company / organisation

☐ Member of a Professional Firm applying on behalf of my client

☐ Filer authorised to submit on behalf of my client/organisation

☐ Others (please specify):

_____

SECTION B: DETAILS OF COMMERCIAL PREMISES

Please provide details about the commercial premises intended for use as a medical clinic.

Definition of medical clinics *(with reference to Healthcare Services Act 2020)*:

Medical clinics covered under the change of use to medical clinic guidelines refer to any **permanent premise** used by a healthcare service provider to provide the following licensable healthcare service(s): (i) Ambulatory surgical centre service; (ii) Assisted reproduction service; (iii) Nuclear medicine service; (iv) Outpatient dental service; (v) Outpatient medical service; and (vi) Outpatient renal dialysis service.

Type of development: ☐ Private commercial development

☐ Private shophouse

☐ HDB shop

☐ Others (please specify):

_____

Block / House no.: _____ Building name (if any): _____

Street name: _____

Postal code: _____

Please provide the following information about the commercial premises. For conversions involving several commercial units (e.g., #01-31, #01-32, #01-33), please provide the information for each unit.

Unit no.: _____ Gross floor area: _____ m^2

Current commercial use: _____

Proposed clinic use: _____

Type of Licensable Healthcare Service(s): ☐ Ambulatory surgical centre service
☐ Assisted reproduction service
☐ Nuclear medicine service
☐ Outpatient dental service
☐ Outpatient medical service
☐ Outpatient renal dialysis service

[**Note**: For clarifications on the Licensable Healthcare Service(s) applicable, please refer to: https://www.hcsa.gov.sg/ or approach HSA_HCSA_Enquiries@hsa.gov.sg for advice.]

Mode of Service Delivery: Permanent Premises

Unit no.: _____ Gross floor area: _____ m^2

Current commercial use: _____

Proposed clinic use: _____

Type of Licensable Healthcare Service(s):
- ☐ Ambulatory surgical centre service
- ☐ Assisted reproduction service
- ☐ Nuclear medicine service
- ☐ Outpatient dental service
- ☐ Outpatient medical service
- ☐ Outpatient renal dialysis service

[**Note:** For clarifications on the Licensable Healthcare Service(s) applicable, please refer to: https://www.hcsa.gov.sg/ or approach HSA_HCSA_Enquiries@hsa.gov.sg for advice.]

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- ☐ Outpatient dental service
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Mode of Service Delivery: Permanent Premises