

## Medical Report Form

This form is **compulsory** for all students enrolling into selected diploma courses and **all International Students**.

### Instructions – Please read before completing the form

- As part of the enrolment requirements, students enrolled into the Republic Polytechnic (RP) courses listed in Table 1 are required to undergo Medical Examination and submit a soft copy of the endorsed Medical Report Form via the Online Enrolment System (Refer to your enrolment letter or webpage at [www.rp.edu.sg/enrolment](http://www.rp.edu.sg/enrolment) for instructions on document submission).
- Due to the nature of these specified diploma courses, students must ensure they do not suffer from the conditions listed in Table 1. If you do not meet the medical pre-requisites of the diploma course, you will be further assessed to determine your suitability to continue in the offered diploma course or recommended for transfer to another course.

**Table 1: Medical Pre-requisites for Diploma Courses**

DIPLOMA COURSE	MEDICAL CONDITIONS / SPECIAL NEEDS
Hotel & Hospitality Management (R37) Restaurant & Culinary Operations (R46)	Blind or Visually Impaired Colour Appreciation Deficiency Epilepsy/Fits Hepatitis B/E Physical / Motor Disabilities Schizophrenia Tourette Syndrome
Health Services Management (R45)	Attention Deficit/Hyperactive Disorder (ADD/ADHD) Autism Spectrum Disorder (ASD) / Asperger's Syndrome Blood Disorders Colour Appreciation Deficiency Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems Physical / Motor Disabilities Schizophrenia Tourette Syndrome
Outdoor & Adventure Learning (R33)	Asthma / Respiratory Illnesses Attention Deficit/Hyperactive Disorder (ADD/ADHD) Autism Spectrum Disorder (ASD) / Asperger's Syndrome Blind or Visually Impaired Blood Disorders Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems High Blood Pressure Physical / Motor Disabilities Schizophrenia Tourette Syndrome

- Your Medical Report Form must be endorsed by a registered medical practitioner/clinic in Singapore. You may choose to visit any clinic with x-ray facilities. The cost of the medical check-up will be borne by you.
- If you have completed a similar medical report endorsed by a registered medical practitioner/clinic in Singapore within one year from the date of your Enrolment Letter, you may use that report instead. Otherwise, a medical check-up would be required.
- All information provided in this form will be treated as confidential and used to assess your medical fitness for enrolment into the diploma course.

## Medical Report Form

### Personal Particulars

Full name (in BLOCK letters):		NRIC/ FIN No.:
Date of Birth (DD/MM/YYYY):	Gender:	Student ID:
Contact Address:		Tel/Handphone:

### Enrolled course:

DIPLOMA COURSE	COURSE CODE

MEDICAL CONDITIONS /SPECIAL NEEDS / CLINCIAL CONDITIONS	TICK ✓

Date of last tetanus immunisation (compulsory for students pursuing Diploma in Outdoor & Adventure Learning): \_\_\_\_\_

Any other Medical condition(s):

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_

## Medical Report Form

### Instructions:

1. Refer to the medical pre-requisites on Page 1 for each of the diploma courses in RP
2. Verify that student does not suffer from the conditions indicated for the diploma course that he/she is pursuing

Height (m): _____ Weight (kg): _____ BMI: _____	BMI = $\frac{\text{Weight in KG}}{(\text{Height in M}^2)}$ Obese if BMI $\geq$ 25	Urine Analysis: Glucose _____ Protein _____ Blood _____ (Test with Dipstick and state results as Nil / Trace / 1+ / 2+ / 3+ / 4+)
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Acuity of Vision: R _____ L _____ Glasses - _____ No Glasses - _____ Remarks: - _____	Colour Vision (Ishihara Test): <input type="checkbox"/> Normal <input type="checkbox"/> Partial Colour Deficiency <input type="checkbox"/> Complete Colour Deficiency Types of Colour Blindness: _____
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Chest X-ray Report:	History of Epilepsy: <input type="checkbox"/> No <input type="checkbox"/> Yes Remarks: _____
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### Physical Examination

Pulse:	Blood Pressure:
Blood Disorder:	Heart:
History of Injury, Operation or Illness:	Bone/Spine/Joint:
Allergy ( <i>please specify, e.g. medication, food</i> ):	Others ( <i>please specify</i> ):
Any special condition/previous injury* requiring attention:	

### Certification of Fitness

I certify that the student is <input type="checkbox"/> Fit to pursue the selected diploma course at Republic Polytechnic <input type="checkbox"/> Unfit for the selected diploma course for the following reason(s): _____ _____
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Name of Doctor:	Signature of Doctor:
Name and Address of Practice:	Date of Medical Examination: