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Colour Vision Test Form

This form is **compulsory** for students enrolling into selected courses.

Instructions – Please read before completing the form

1. As part of the enrolment requirements, students enrolled into specific Republic Polytechnic (RP) courses listed in the following table are required to undergo a Colour Vision Test and submit a soft copy of the endorsed Colour Vision Test Form via the Online Enrolment System (Refer to your enrolment letter for instructions on document submission).

DIPLOMA COURSE	COURSE CODE
Aerospace Engineering	R40

2. You may choose to visit any clinic or retailer that conducts Colour Vision Test and this form must be endorsed by a registered medical practitioner/optometrist in Singapore. The fees incurred for the test are to be borne by you.

3. All information provided in this form will be treated with confidentiality and used to assess your medical fitness for enrolment into the diploma course.

4. Students with severe colour vision deficiency will be assessed on a case-by-case basis to determine whether they can continue in the offered diploma course or be recommended for course transfer.

5. Failure to submit your Colour Vision Test Form would mean that you have not been certified medically fit for the course, and this could lead to possible downstream consequences including deregistration from the course.

PART A: TO BE COMPLETED BY STUDENT

Personal Particulars

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

Please fill in your diploma course below:

DIPLOMA COURSE
Diploma in Aerospace Engineering

PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

I certify that the student has

- ☐ Normal Colour Vision
- ☐ Partial Colour Vision Deficiency
- ☐ Complete Colour Vision Deficiency

Remarks/Type of Colour Deficiency: _____

Name of Doctor / Optometrist	Signature of Doctor / Optometrist:
Name and Address of Practice (Stamp):	Date of Medical Examination: