

Tel: +65 6510 3000 Website: www.rp.edu.sg

Medical Report Form

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

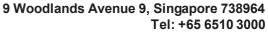
Instructions - Please read before completing the form

- 1. 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 for instructions on document submission).
- 2. Due to the nature of the diploma course, 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 be recommended for transfer to another course.

Table 1: Medical Pre-requisites for Diploma Courses

DIPLOMA COURSE	MEDICAL CONDITIONS / SPECIAL NEEDS
Outdoor Education (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
	Obesity (more than 120kg)

- 3. Your Medical Report Form must be endorsed by a registered medical practitioner in Singapore. The cost of the medical check-up will be borne by you.
- 4. 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.
- 5. All information provided in this form will be treated with confidentiality and used to assess your medical fitness for enrolment into the diploma course.
- 6. Failure to submit this Medical Report 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.





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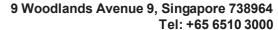
Personal Particulars

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
Diploma in Outdoor Education	R33

MEDICAL CONDITIONS/SPECIAL NEEDS/CLINICAL CONDITIONS	TICK √
Asthma / Respiratory Illnesses	
Attention Deficit/Hyperactive Disorder (ADD/ADHD)	
Autism Spectrum Disorder (ASD) / Asperger's Syndrome	
Blind or Visually Impaired	
Blood Disorder	
Chronic Skin Disorder	
Deaf or Hearing Impaired	
Epilepsy/Fits	
Heart Problems	
High Blood Pressure	
Physical / Motor Disabilities	
Schizophrenia	
Tourette Syndrome	
Obesity (more than 120kg)	





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Date of last tetanus immunisation (com	oulsory for students pursuing Diploma in Outdoor Education):	
Any other Medical condition(s):		
•	rue and accurate to the best of my knowledge. I have not deliberately omitted any relevant fission the information given in this report which may later turn out to be false, or inaccurate on, including dismissal from the course.	٠,
Date:	Student's signature:	



9 Woodlands Avenue 9, Singapore 738964 Tel: +65 6510 3000

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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: Acuity of Vision: R Glasses No Glasses Remarks: History of Epilepsy: No _ Yes	BMI Weight in KG = (Height in M²) Obese if BMI >= 25	Urine Analysis: Glucose Protein Blood (Test with Dipstick and state results as Nil / Trace / 1+ / 2+ / 3+ / 4+) Colour Vision (Ishihara Test): Normal Colour Vision Partial Colour Deficiency Complete Colour Deficiency Type of Colour Deficiency:		
Remarks:				
Physical Examination				
Pulse:		Blood Pressure:		
Blood Disorder:		Heart:		
History of Injury, Operation or Illness:		Bone/Spine/Joint:		
Allergy (please specify, e.g. medication, food):		Others (please specify):		
Any special condition/previous injury* requiring attention:				
Certification of Fitness				
I certify that the student is ☐ Fit to pursue the diploma course at Republic Polytechnic ☐ Unfit for the diploma course for the following reason(s):				
-				
Name of Doctor:		Signature of Doctor:		
Name and Address of Practice (Stamp):		Date of Medical Examination:		