

Medical Report Form

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

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 for instructions on document submission).
- 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)

- 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.
- 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 with confidentiality and used to assess your medical fitness for enrolment into the diploma course.
- 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.

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
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 (compulsory for students pursuing Diploma in Outdoor Education): _____

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: _____

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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: _____	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 Colour Vision <input type="checkbox"/> Partial Colour Deficiency <input type="checkbox"/> Complete Colour Deficiency Type of Colour Deficiency: _____
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History of Epilepsy: <input type="checkbox"/> No <input type="checkbox"/> Yes Remarks: _____

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 diploma course at Republic Polytechnic <input type="checkbox"/> Unfit for the diploma course for the following reason(s): _____ _____
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Name of Doctor: _____	Signature of Doctor: _____
Name and Address of Practice (Stamp): _____	Date of Medical Examination: _____