

## Medical Report Form

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

### Instructions – Please read before completing the form

- As part of the enrolment requirements, students enrolled into specific 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 (Refer to your enrolment letter 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)	Colour Appreciation Deficiency Epilepsy/Fits Hepatitis B/E Physical Disability/Impaired Schizophrenia Tourets Syndrome
Health Services Management (R45)	Attention Deficit/Hyperactive Disorder (ADHD) Autism Spectrum Disorder (ASD) Blood Disorder Cerebral Palsy Colour Appreciation Deficiency Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems Physical Disability/Impaired Schizophrenia Tourets Syndrome
Outdoor & Adventure Learning (R33)	Asthma Attention Deficit/Hyperactive Disorder (ADHD) Autism Spectrum Disorder (ASD) Blood Disorder Cerebral Palsy Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems High Blood Pressure Physical Disability/Impaired Schizophrenia Tourets Syndrome
Wellness & Hospitality Business (R44)	Cerebral Palsy Physical Disability/Impaired

- You may choose to visit any clinic with x-ray facilities. Your Medical Report Form must be endorsed by a registered medical practitioner/clinic in Singapore. The cost of the medical check-up will be borne by the student.
- If you have completed a similar medical report endorsed by a registered medical practitioner/clinic in Singapore within one month 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

### PART A: TO BE COMPLETED BY STUDENT

#### Personal Particulars

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

For Singapore Citizen/PR, please tick the course that you will be enrolling in.

DIPLOMA COURSES	COURSE CODE	TICK ✓
Health Services Management	R45	
Hotel & Hospitality Management	R37	
Outdoor & Adventure Learning	R33	
Restaurant & Culinary Operations	R46	
Wellness & Hospitality Business	R44	

For International Students, please indicate the course that you will be enrolling in.

DIPLOMA COURSE	COURSE CODE

MEDICAL CONDITIONS	TICK ✓	SPECIAL NEEDS	TICK ✓
Asthma		Attention Deficit/Hyperactive Disorder (ADHD)	
Blood Disorder		Autism Spectrum Disorder (ASD)	
Chronic Skin Disorder		Cerebral Palsy	
Colour Appreciation Deficiency		Deaf or Hearing Impaired	
Epilepsy/Fits		Dyscalculia	
Heart Problems		Dyslexia	
Hepatitis B/E		Dyspraxia	
High Blood Pressure		Multiple Disabilities	
Tuberculosis		Physical Disability/Impaired	
CLINICAL CONDITIONS			TICK ✓
Bipolar Disorder			
Schizophrenia			

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+)
Acuity of Vision: R _____ L _____ Glasses _____ No Glasses _____ Remarks: _____	Colour Vision (Ishihara Test): <input type="checkbox"/> Normal <input type="checkbox"/> Partial Colour Blind <input type="checkbox"/> Complete Colour Blind Types of Colour Blindness: _____	
Chest X-ray Report:	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 (please specify, e.g. medication, food):	Others (please specify):
His/Her* special condition/previous injury* requiring attention is as follow:	

### 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: