

## Instructions

1. All students are required to complete the medical report form as part of the requirement for enrolment into Republic Polytechnic (RP). Your medical report form must be endorsed by a registered medical practitioner/clinic in Singapore.
2. If you have completed a similar medical report endorsed by a registered medical practitioner/clinic within one month from the date of your Enrolment Letter, you can submit a copy of that medical report. Otherwise, a medical check-up would be required.
3. This medical report form is a guide for the online medical declaration that you will need to complete during your online enrolment. Accurate declaration is necessary for us to provide the additional care needed to assist you in your studies in RP. All information provided in this form will be treated as confidential.
4. You can refer to the following table for the submission details of your endorsed medical report form.

RESIDENCY	MEDICAL CHECK-UP DONE WITH A REGISTERED MEDICAL PRACTITIONER / CLINIC IN SINGAPORE
Singapore Citizens and Permanent Residents	<ul style="list-style-type: none"> <li>• Bring RP's Medical Report Form to the clinic for medical check-up.</li> <li>• Collect the completed form from the clinic when ready and submit to RP during your scheduled on-site enrolment date.</li> <li>• If you are unable to obtain the completed Medical Report Form in time for your scheduled on-site enrolment (date and time stated in your enrolment letter), you will need to reschedule the session. Refer to your enrolment letter for more information on document submission.</li> </ul>
International Students	<ul style="list-style-type: none"> <li>• Bring RP's Medical Report Form and ICA Medical Examination Report Form to the clinic for medical check-up.</li> <li>• Collect both completed forms from the clinic when ready.</li> <li>• Submit the completed RP's Medical Report Form to RP during your scheduled on-site enrolment date.</li> <li>• Submit the completed ICA Medical Examination Report Form to ICA.</li> </ul>

## Acknowledgment of Receipt for Medical Report Form

FOR STUDENT'S COMPLETION		
Full Name of Student (in BLOCK letters)		Student ID
NRIC/FIN	Signature	Date (DD/MM/YYYY)
FOR RECEIVING STAFF'S COMPLETION (FOR OFFICIAL USE ONLY)		
Name of Receiving Staff (in BLOCK letters)	Signature	Date (DD/MM/YYYY)

## Medical Pre-requisites for Diploma Programmes

Students who do not meet the medical pre-requisites of the diploma programme will be assessed by RP to determine whether they could continue in the offered diploma programme. Students who are unable to pursue their diploma programmes due to medical reasons may be recommended for course transfer.

Students with severe vision deficiency may be assessed on a case-by-case basis to determine the suitability of their programmes.

Due to the nature of the following diploma programmes, students must ensure they do not suffer from the conditions listed:

DIPLOMA	MEDICAL CONDITIONS / SPECIAL NEEDS
Hotel and Hospitality Management (DHHM) Restaurant and Culinary Operations (DRCO)	Colour Appreciation Deficiency Epilepsy/Fits Hepatitis B/E Physical Disability/Impaired Schizophrenia Tourets Syndrome
Outdoor and Adventure Learning (DOAL)	Asthma Attention Deficit/Hyperactive Disorder (ADHD) Autism Spectrum Disorder (Asperger's Syndrome and Autism) Blood Disorder Cerebral Palsy Chronic Skin Disorder Deaf or Hearing Impaired Epilepsy/Fits Heart Problems High Blood Pressure Physical Disability/Impaired Schizophrenia Tourets Syndrome
Pharmaceutical Sciences (DPHM)	Colour Appreciation Deficiency
Sonic Arts (DSA)	Deaf or Hearing Impaired
Wellness and Hospitality Business (DWHB)	Cerebral Palsy Physical Disability/Impaired

# Medical Report Form

## PART A: TO BE COMPLETED BY STUDENT

### Personal Particulars

Full name (in BLOCK letters):		NRIC/Passport/FIN No.:
Name of Diploma Programme:	Diploma Programme Code: (e.g. R11)	Student ID:
Date of Birth: (DD/MM/YYYY)	Gender: F / M (Please circle)	Tel/Handphone:
Contact Address:		

### Personal Medical Record

If you are receiving medication and/or have or ever have had any of these conditions, you will need to tick (✓) as appropriate and:

- provide us with the details (e.g. when the condition was first identified and whether you are on medication or follow-up)
- attach your medical report (*where applicable*)

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

Date of last tetanus immunisation (*compulsory for students pursuing Diploma in Outdoor and 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 to RP on the basis of 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 course.

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

Signature of Student: \_\_\_\_\_

## Medical Report Form

### PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

#### Instructions

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

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

1. I have completed a medical examination of this student and certify the student fit/unfit\* to pursue the selected diploma programme at Republic Polytechnic (If unfit, please proceed to Item 2)
2. The student is unfit for the selected diploma programme for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_

\*Delete where appropriate. The student is deemed unfit unless certified fit.

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

## Declaration and Consent Form

This form is **compulsory** for all students enrolling into Republic Polytechnic (RP).

PART 1 – STUDENT’S DECLARATION (to be completed by student)	
Full Name of Student (in BLOCK letters)	Student ID
Residency (Please delete accordingly) Singaporean/Singapore PR/Foreigner* (Nationality: _____)	NRIC/FIN/Passport No.
*For international students, your local representative must sign on Part 2 of this form (below).	
<b>DECLARATION BY THE STUDENT</b> <ol style="list-style-type: none"> <li>I have read and understood the information/instructions outlined in the Enrolment Package and will ensure strict compliance with the requirement(s) stipulated by Republic Polytechnic (“RP”) or other relevant authorities affecting my admission/status as a student of RP.</li> <li>I have read and understood the policies and guidelines in the Student Handbook, found at <a href="http://www.rp.edu.sg/studenthandbook">www.rp.edu.sg/studenthandbook</a>, and agree to abide by them.</li> <li>I take full responsibility to settle all fees payable or amount outstanding owed to RP as an enrolled student in RP, regardless of attendance. I agree to abide by the policy related to fee charges based on the information found at <a href="http://www.rp.edu.sg/Admin_Fees_for-Withdrawal-Deferment-Absenteeism.aspx">www.rp.edu.sg/Admin_Fees_for-Withdrawal-Deferment-Absenteeism.aspx</a></li> <li>I have read, understood and consent to RP’s privacy statement on the collection, usage and disclosure of personal information, which is accessible via <a href="http://www.rp.edu.sg/Privacy_Statement.aspx">www.rp.edu.sg/Privacy_Statement.aspx</a></li> <li>I have not been charged with any criminal offence in a court of law in Singapore or in any other country. <i>If you have prior charges, provide appropriate details:</i> _____</li> <li>I am currently not under police investigations in Singapore or overseas. <i>If you currently are, provide appropriate details:</i> _____</li> <li>All information provided in this form is true and accurate to the best of my knowledge.</li> </ol>	
<b>POINTS 8 – 9 APPLY TO INTERNATIONAL STUDENTS</b> <ol style="list-style-type: none"> <li>In case of an emergency during my course of study in RP where I may need medical attention in the form of surgery, medical procedure or treatment, and my parent/legal guardian may not be immediately contactable, surgeons or consultants in Singapore hospitals would require a representative in Singapore (“Local Representative”) to be present at the hospital to give or refuse consent to the surgery or other medical procedure or treatment on my behalf.</li> <li>To avoid possible delays to a surgery, medical procedure or treatment that I may need, I or my parent/legal guardian may appoint a Local Representative who will have the authority to give or refuse consent to the surgery or other medical procedures or treatment, on behalf of me/my parent/my legal guardian. This Local Representative should be informed of his/her role and should be contactable by me and/or RP based on the Local Representative’s particulars.</li> </ol>	
Signature of Student	Date (DD/MM/YYYY)

**PART 2 – INDEMNITY AND CONSENT (to be completed by parent/guardian/local representative)**

1. I have no objection to my child/ward^ being admitted to the course conducted by RP.
2. I am aware of the risks that may be associated with certain activities in the course of study at RP (including co-curricular activities and industrial attachments) but I agree that such activities will be of learning value to my child/ward^. In consideration of RP's provision of education to my child/ward^, I undertake that I will not hold RP liable for any injury, illness, death, damage, loss, expense or cost that may be caused to my child/ward^ (except for personal injury or death caused by negligence of RP).
3. In consideration of RP's provision of facility and/or arrangement of industrial attachment for my child/ward^, I further undertake to indemnify RP:
  - a. for any damage to property, loss, expense or cost suffered by RP; and
  - b. against any claim made by any third party against RP and from any expense or cost incurred by RP in the event it is held liable for damages in respect of such claim by reason of or arising out of any injury, death, damage to property, loss, expense or cost occurring to any person which is caused by or as a result of any act or omission of my child/ward^.
4. I am also aware that, as an institution of higher learning, RP will treat my child/ward^ as a young adult and correspond directly with me or my child/ward^ on all matters (including academic results) during my child/ward's^ course of studies. Although RP may contact parents/guardians/local representatives from time to time or in cases of emergency, it is in the interest of parents/guardians/local representatives to communicate directly with their child/ward^ to monitor his/her academic progress and student status during the course of his/her studies at RP.
5. I consent to RP and its officers, staff, teachers, contractors and agents contacting my child/ward^ via telephone, text or email for all purposes related to any matter arising from or related to my child/ward's^ enrolment at RP, including non-academic activities and matters. I confirm that the registration of my/our\* telephone number(s) with the Do Not Call Registry does not affect this consent granted.
6. I have read, understood and consent to RP's privacy statement on the collection, usage and disclosure of personal information, which is accessible via [www.rp.edu.sg/Privacy\\_Statement.aspx](http://www.rp.edu.sg/Privacy_Statement.aspx). I also understand that students' data could be shared with government ministries, statutory boards and agencies or external parties where RP is required to do so by law or in order to fulfil a statutory obligation or for the purpose of Education and Career Guidance (ECG).

**Points 7 – 8 is applicable to the Local Representative appointed by the International Student or the International Student's parent/legal guardian**

7. I am aware that I have been appointed as the Local Representative for the abovementioned student and have understood my role and responsibilities:
  - I understand that RP will contact the parent/legal guardian first if the student requires medical attention as described above.
  - Should RP be unable to contact the parent/legal guardian, RP will then contact me and only when I am not contactable, then RP, its officers, staff or any authorised personnel will give or refuse consent to the surgery or other medical procedures or treatment.
8. I am aware that international students, who notify RP on their citizenship change after week 2 of the academic semester, will be billed fees at the international student's rate for the first semester. I am also aware that the fees will be adjusted to the updated rate from the next semester onwards.

I agree to all the terms and conditions stated above.

Full Name of Parent/Guardian/Local Representative^ (in BLOCK letters)	NRIC/FIN/Passport No.
Occupation	Company Name
Email Address	Date of Birth (DD/MM/YYYY)
Local Mailing Address	Contact Number
Signature of Parent/Guardian	Date (DD/MM/YYYY)

^ Please delete accordingly

## Acknowledgment of Receipt for Declaration and Consent Form

### FOR STUDENT'S COMPLETION

Full Name of Student (in BLOCK letters)		Student ID
NRIC/FIN	Signature	Date (DD/MM/YYYY)

### FOR RECEIVING STAFF'S COMPLETION (FOR OFFICIAL USE ONLY)

Name of Receiving Staff (in BLOCK letters)	Signature	Date (DD/MM/YYYY)
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**\* refer to instructions on the next page**

## INSTRUCTIONS ON COMPLETION OF FORM

### Part 1

This part must be completed whether the student uses his own or his siblings' PSEA, or both his own and siblings' PSEA.

- a) Name : Enter the student's name as in NRIC/FIN card  
b) Institution Name : Enter the full name of the institution e.g. Singapore Polytechnic  
c) Usage Category

For Tuition Fee	For Enrichment Programme	For SkillsFuture Singapore (SSG) Approved Course	For Public Agencies and Private Training Providers (GFP) Approved Course
TTF-FULLQ Tuition Fee-Full Qualification	EPC*-PDEV EPC-Personal Development	SSG-SKLUPG SSG Course Fee-Skill Upgrading	GFP-FULLQ GFP Course Fee-Full Qualification
TTF-MODC Tuition Fee-Modular Course	EPC*-LTRIP EPC-Local Trips	SSG-PDEV SSG Course Fee-Personal Development	GFP-MODC GFP Course Fee-Modular Course
TTF-SHORTC Tuition Fee-Short Course	EPC*-OTRIP EPC-Overseas Trips	SSG-OTHERS SSG Course Fee-Others	GFP-SHORTC GFP Course Fee--Short Courses
TTF-OTHERS Tuition Fee-Others	EPC*-SPORTS EPC-Sports		GFP-OTHERS GFP Course Fee-Others
	EPC*-OTHERS EPC-Others		

\*EPC is Enrichment Programme Charges

### Part 2

This part is to be completed only if the student is requesting to use his siblings' PSEA. If the student is using his own PSEA only, this part need not be completed.

- a) Name of sibling : To enter sibling's name as in NRIC/BC/Citizenship Certificate

A student may request to deduct funds from up to 3 siblings' PSEA. However, if the student has a PSEA, deduction will first be made from his own account. Any shortfall will then be deducted from the sibling's account labelled "First" under the column heading "Deduction Priority". If there is still shortfall, deduction will be made from the sibling's account labelled "Next", followed by the account labelled "Last". Please see the examples below

		Student	Sibling	Sibling	Sibling
PSEA Balance		\$200	\$200	\$400	\$400
Deduction Priority			First	Next	Last
Maximum Amount To Use			100%	25%	50%
Example	Course Fees	Amount Deducted			
A	\$350	\$200	\$ 150		
B	\$500	\$200	\$200	\$ 100	
C	\$1,000	\$ 200	\$200	\$250 ( 25% of \$1000)	\$350

### Part 3

This part authorises the use of the PSEA in Part 2.

- a) **"By Student/Parent/Legal Guardian"**

This section must be signed by either

- the student, if he is 21 years old or above, or
- a parent/guardian if the student or any sibling whose account is to be used is below 21 years old

- b) **"By Siblings Aged 21 And Above Named In Part 2"**

This section must be signed by siblings who authorise the use of their PSEA if they are 21 years old or above