Parkway College

MEDICAL EXAMINATION REPORT

INSTRUCTIONS

1. All fields are mandatory. Where not applicable, put "N.A.". Do not leave any fields blank.
2. Please tick "√" the appropriate boxes.
3. Part B of this Medical Examination Report is to be completed by a Registered Medical Practitioner and returned to the student. The original copies of the laboratory reports and chest X-ray reports must be attached to the Medical Examination Report.
4. For students in Singapore, medical examination must be done by a Registered Medical Practitioner in Singapore.
5. For students in Malaysia, medical examination, laboratory test and X-ray must be done in a hospital / clinic of Parkway Pantai Limited.
6. For students in other countries, medical examination must be done by a Registered Medical Practitioner in their home countries or places of residence. Students who are accepted for the course will repeat the Medical Examination by a Registered Medical Practitioner in Singapore after they have arrived here for the course.
7. The completed Medical Examination Report must be submitted to Parkway College, 168 Jalan Bukit Merah, Tower 3, #02-05, Singapore 150168.

PART A: TO BE COMPLETED BY STUDENT

Personal Particulars

Full Name (as in NRIC/Passport):

NRIC No./FIN/Passport No.:		Nationality:
Date of Birth:	Gender: ☐ Male ☐ Female	Home No./Mobile No.:

Address:

Course Title:
☐ Bachelor of Science (Honours) Diagnostic Radiography and Imaging ☐ Diploma in Nursing

Family Medical Record

Do any of your parents or sibling(s) have any of these medical conditions? Please tick 'Yes' or 'No' in the boxes below.

Medical Condition	Yes	No	Medical Condition	Yes	No
AIDS/HIV Positive			Kidney Problems		
Diabetes			Paralysis or Stroke		
Heart Problems			Psychiatric Conditions		
Hepatitis B/C			Tuberculosis (TB)		
High Blood Pressure					

Any other information:

PART A: TO BE COMPLETED BY STUDENT

Personal Medical Record

Have you ever had, or do you have any of these medical conditions? Please tick 'Yes' or 'No' in the boxes below.

Medical Condition	Yes	No	Medical Condition	Yes	No
AIDS/HIV Positive			Gastric Problems		
Allergies			Hearing Loss		
Any Surgical Operations			Heart Problems		
Asthma			Hepatitis B/C		
Attention Deficit Hyperactivity Disorder (ADHD)			High Blood Pressure		
Autism/Asperger's Syndrome			Kidney Problems		
Blood Disorder			Medical Implants (clips, stents, dental implants, etc)		
Chronic Skin Disease			Physical Disability		
Diabetes			Psychiatric Conditions		
Dyslexia			Tuberculosis (TB)		
Eating Disorders			Vision Loss		
Epilepsy/Fits			Others:		

If your answer is 'Yes' to any of the above boxes, please provide further details below or attach supporting documents (if any):

Declaration

I hereby declare that all the information provided is true and accurate to the best of my knowledge and I have not deliberately omitted any relevant fact(s). I consent for my / my child's / my ward's medical examination and test results to be released to Parkway College of Nursing and Allied Health Pte Ltd for the purpose of processing my application. Should I / my child / my ward be admitted to Parkway College of Nursing and Allied Health Pte Ltd on the basis of the information given in this report which may later turn out to be false or inaccurate, I understand that I will render myself / my child / my ward liable to appropriate disciplinary action, including dismissal from the course.

I am aware that I / my child / my ward will need to be screened for blood borne diseases (Hepatitis B, Hepatitis C, HIV) and undergo immunisation against Hepatitis B, Chicken Pox, Mumps, Measles, Rubella and Pertussis. The cost for these tests and vaccinations will be borne by me / my child / my ward.

Signature of Student

Date

To be completed by parent/guardian of student under 18 years of age.

Signature of parent/guardian

Date

Name of parent/guardian

Parent/guardian's mobile no.

Medical Requirements for Nursing and Radiography Courses

1. Students for the Nursing and Radiography course will have to pass a medical examination and be certified to have the following abilities to perform patient care activities in a safe and effective manner:
   a. Mental ability (interpersonal ability and behavioural stability) to provide safe care to populations, as well as safety to self, and demonstrate self-control and behavioural stability to function and adapt effectively and sensitively in a dynamic role.
   b. Physical ability to move around in clinical environment, walk/stand, bend, reach, lift, climb, push and pull, carry objects and perform complex sequences of hand eye coordination.
   c. Auditory ability to hear faint body sounds, auditory alarms and normal speaking level sounds (i.e. blood pressure sounds, monitors, call bells and person-to-person report).
   d. Visual ability to detect changes in physical appearance, colour and contour, read medication labels, syringes, manometers, and written communication accurately.

2. All students must pass a medical examination and be free from physical handicap to ensure suitability. Students with the following medical conditions will not be accepted for the nursing and radiography courses:
   a. Legal blindness
   b. Active tuberculosis
   c. Profound deafness
   d. Psychiatric condition
   e. Uncontrolled asthma
   f. Uncontrolled epilepsy
   g. Uncontrolled diabetes
   h. Uncontrolled hypertension
   i. Mobility restricted (hindering performance)
   j. Physical dependence upon mobility equipment

3. In accordance with the Singapore Ministry of Health (MOH) requirements, it is compulsory for all Nursing and Radiography students to be screened for the following blood-borne diseases:
   a. Hepatitis B
   b. Hepatitis C
   c. HIV

4. Students who are screened and found to be Hepatitis B or Hepatitis C carriers or HIV positive will not be accepted for the nursing and radiography courses.

5. Students are required to go for tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine.

Vaccination (if found to be non-immune)

Students are also required to go for immunisation against Hepatitis B, Varicella and MMR if found to be non-immune.

Vaccination Type	Required Dose (if not immune)	Remarks
Varicella (Chicken Pox)	2 doses	First dose to be given at the point when student is informed by the doctor that he/she is not immune or latest before course commencement date. For Hepatitis B, student's blood need be re-tested 6 weeks after completion of the 3rd dose.
Mums, Measles & Rubella (MMR)	2 doses	
Hepatitis B	3 doses	

PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR			
Height (m):		Urine Labstick (Glucose):	☐ Positive ☐ Negative
Weight (kg):		Urine Labstick (Protein):	☐ Positive ☐ Negative
BMI:		Urine Pregnancy Test: (for females only)	☐ Positive ☐ Negative
Acuity of Vision: R L Glasses/Contact Lens _______ _______ No Glasses/Contact Lens _______ _______ Remarks:		Colour Vision (Ishihara Test): ☐ Normal ☐ Partial Colour Blind ☐ Complete Colour Blind Types of Colour Blindness:	
Chest X-Ray: ☐ Normal ☐ Abnormal Remarks:		History of Epilepsy: ☐ Yes ☐ No Remarks:	
Pulse:		Back/Spine:	
Blood Pressure:		Injury, Operation or Illness:	

Immunity Status

Documentary evidence of serological tests are compulsory. Vaccination dates to be provided where applicable. This table must be duly completed.

Test Type	Serological Test Date	Immunity Status (tick based on serological test)	Required Dose (If NOT immune)	Recommended/ Scheduled Vaccination Date^
Varicella (Chicken Pox)	DD/MM/YYYY	☐ Immune	N.A.	N.A.
		☐ Not Immune	2 doses	1. DD/MM/YYYY 2. DD/MM/YYYY
Mumps, Measles & Rubella (MMR)	DD/MM/YYYY	☐ Immune	N.A.	N.A.
		☐ Not Immune	2 doses	1. DD/MM/YYYY 2. DD/MM/YYYY
Hepatitis B	DD/MM/YYYY	☐ Immune	N.A.	N.A.
		☐ Not Immune	3 doses	1. DD/MM/YYYY 2. DD/MM/YYYY 3. DD/MM/YYYY
		☐ Carrier	N.A.	N.A.
Hepatitis C	DD/MM/YYYY	☐ Reactive ☐ Non-Reactive ☐ Carrier	N.A.	N.A.
HIV	DD/MM/YYYY	☐ Reactive ☐ Non-Reactive	N.A.	N.A.
Tdap+	N.A.	N.A.	1 dose	1. DD/MM/YYYY

^First dose to be given at the point when student is informed that he/she is not immune or latest before course commencement date.

+Tdap (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccination done previously should be within the last 10 years from course commencement date. Proof of vaccination is required. Vaccination is valid for 10 years.

PART B: TO BE COMPLETED BY THE EXAMINING DOCTOR

Doctor's Certification of Fitness

1) I have today completed a medical examination of this student. I find him/her to be
   ☐ **Free** ☐ **Suffering**
   from organic and infectious diseases.

2) The student is physically and mentally
   ☐ **Fit** ☐ **Unfit**
   to pursue the course as stated in Part A at Parkway College of Nursing and Allied Health Pte Ltd.

The student is deemed unfit unless certified fit by doctor.

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

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Programme Lead's Decision

The student is
☐ **Accepted** ☐ **Rejected**
for the course stated in Part A.

Name of Programme Lead:	Signature of Programme Lead:	Date:

Input of Due Date by Programme Lead & Follow-Up Required by Course and Student Administration

Things to Follow-up	Due Date (input by Programme Lead)	Completion Date#	Signature
1. Hepatitis B serological test result (post vaccination serologic testing 6 weeks after 3rd dose)			
2. Two doses of Varicella (Chicken Pox) vaccine			
3. Two doses of Mumps, Measles & Rubella (MMR) vaccine			
4. 1 dose of Tdap vaccine			

Completion date refers to date as stated in the document submitted by student.

1. Hepatitis B: Date of serologic testing result
2. Varicella and MMR: Date of the second dose of vaccine
3. Tdap: Vaccine date (This is required to input if the validity of the previous vaccine does not cover the whole duration of the course)