

**S R Nathan School of Human Development**

***Medical Examination***

Important notes:

1. This form has a total of six pages and will take less than 10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or in ink only.
3. Please bring along this form for the medical examination.

FOR NSHD OFFICIAL USE ONLY			
<b>Accepted into Course:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Name/ Signature:</b>
<b>Remarks:</b>			
<b>Date:</b>			

PART 1: APPLICANT'S PERSONAL INFORMATION					
<b>Name of School / Programme:</b>		<b>Starting Semester:</b>			
<b>Course Date:</b>		<b>To</b>			
<b>Name:</b> (as it appears in your Birth Certificate / NRIC)					
<b>NRIC Number:</b>					
<b>Nationality:</b>	Singaporean / Singapore PR / Others (please circle):				
<b>Date of Birth (dd/mm/yy):</b>		<b>Age:</b>		<b>Gender:</b>	Male / Female
<b>Race:</b>	Chinese / Malay / Indian / Eurasian / Others (please circle):				
<b>Home Address:</b>					
<b>Contact Number(s):</b>					Singapore ( )
					(home) (mobile)
<b>Email:</b>					

**PART 2: APPLICANT'S SELF DECLARATION & MEDICAL EXAMINATION  
(TO BE COMPLETED BY MEDICAL EXAMINER ONLY)**

<b>Name of Applicant:</b>			
<b>Height &amp; Weight of Applicant:</b>	<b>cm</b>	<b>kg</b>	<b>Body Mass Index (BMI):</b>
<b>Do you have / require :</b>		<b>Yes (Y) / No (N)</b>	<p><b>Please read page 5 before completing this section.</b></p> <p><b>If the answer is 'YES' to the listed conditions, please provide further information in Part 3 and attach specialist's memo, where applicable.</b></p> <p><b>e.g. history, asthma / allergy triggers and reactions, last known occurrence, required medication, current medical status, contraindications, restriction of movement etc.</b></p>
a.	Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse?	Y / N	
b.	Asthma, bronchitis, tuberculosis, sinusitis or other lung problems?	Y / N	
c.	Fits, epilepsy, fainting spells, migraine, severe head injury?	Y / N	
d.	Eye problems e.g. poor vision, cataract, glaucoma, retinal detachment?	Y / N	
e.	Ear problems e.g. hearing difficulty?	Y / N	
f.	Nerve related conditions?	Y / N	
g.	Diabetes / Thalassaemia major / Anaemia?	Y / N	
h.	Allergy to medicines / food / others e.g. sea water, insect bites?	Y / N	
i.	Bone or joint injuries e.g. fracture / dislocation?	Y / N	
j.	A carrier status for any infectious disease?	Y / N	
k.	Medical treatment within the last two years?	Y / N	
l.	Routine medication?	Y / N	
m.	Special diet requirements?	Y / N	
n.	Psychological conditions e.g. ADHD, ASD, anxiety, depression, eating disorders?	Y / N	
o.	Any form of disability?	Y / N	
p.	Any other medical information of note e.g. Specialist's letter/note (please attach); pregnancy	Y / N	

### Tetanus Immunisation

- Tetanus is a disease caused by the bacteria, Clostridium tetani, which is commonly found in soil, dust and contaminated objects. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.
- Tetanus is a preventable disease associated with a high fatality rate. The treatment of tetanus is difficult and requires specialized, intensive care.
- Tetanus vaccination is an easily accessible and effective risk management strategy to prevent tetanus infection especially in the outdoors.
- Tetanus vaccination is included under the Singapore National Childhood Immunisation Programme.
- Applicants are at significantly higher risk of tetanus infection if they have never been vaccinated or if the validity period of their tetanus vaccination has lapsed. **Tetanus vaccination has a validity of 10 years** and is **compulsory** for Applicants' participation in the Course.
- If Applicant has a valid tetanus vaccination, please state the date of vaccination below:

**Date of tetanus immunisation:**

*mm / yy*

### PART 3: FURTHER INFORMATION ON APPLICANT'S MEDICAL CONDITION (TO BE COMPLETED BY MEDICAL EXAMINER ONLY)

### PART 4: RECOMMENDATION OF FITNESS TO ATTEND BACHELOR OF SPORTS & PHYSICAL EDUCATION PROGRAMME IN SUSS (TO BE COMPLETED BY MEDICAL EXAMINER ONLY)

I, the undersigned, have examined the applicant named below and recommend him/ her as follows:

<b>Name of Applicant:</b>	is <input type="checkbox"/> FIT/ <input type="checkbox"/> UNFIT (please tick) to participate in the Bachelor of Sports & Physical Education programme activities.
<b>Other Remarks:</b>	
<b>Name of Doctor:</b>	<b>MCR No:</b>
<b>Name &amp; Address of Clinic:</b>	<b>Contact Number:</b>
<b>Signature:</b>	<b>Date:</b>

**PART 5: ACKNOWLEDGEMENT**

**Medical / Information Declaration**

I declare and confirm that all the information provided herein is true and correct and there is no undisclosed detail(s) that would affect the approval of this registration. I will duly inform S R Nathan School of Human Development of any information change(s). I understand that S R Nathan School of Human Development reserves the right to make the final admission decision based on the Medical Examiner's recommendation, programme intensity and S R Nathan School of Human Development operational considerations.

I further give permission for any medical treatment SUSS deems necessary to maintain the Applicant's well-being. In the event of illness or injury, I hereby give my consent to SUSS to seek medical treatment and care as may be necessary for the Applicant, and for this purpose, to disclose the medical declaration and other relevant information to authorized medical personnel to provide appropriate treatment.

**Acknowledgement of Risk**

I, the undersigned, hereby am aware that attendance in the Bachelor of Sports and Physical Education programme involves a certain amount of risk. I agree that I will have to cooperate fully with the staff and diligently comply with the staff's instructions as well as all safety systems and processes. I declare and confirm that I have read and fully understood all the Parts in this Programme Registration Form and I hereby accept the risk involved in the Programme as disclosed in the information provided by S R Nathan School of Human Development. To the extent permitted by law, I will not hold S R Nathan School of Human Development, its officers, employees and agents liable for any loss or damage incurred or suffered arising from or in connection with participation in the course, provided that the same is not caused by the gross negligence or wilful act or omission of S R Nathan School of Human Development or its officers, servants and agents.

Note:

- All personal information will be used solely for administrative and course enrolment purposes unless consent is provided above.
- Photographs and/or videos may be taken during the Degree programme for publicity and marketing purposes.

**ACKNOWLEDGEMENT**

**Name of Applicant:**

**Signature:**

**Date:**

(\* Please delete where applicable)

**END OF PROGRAMME REGISTRATION FORM – Thank you for your time!**

## NOTES FOR THE MEDICAL EXAMINER

### Dear Applicant:

Show this page to the doctor when you go for your medical examination for Part 2, 3 & 4 of your Programme Registration Form. Applicants who are seeing specialists for pre-existing conditions are advised to go to their specialist for the medical examination.

### Dear Medical Examiner:

The applicant wishes to attend Bachelor of Sports in Physical Education with SUSS. Please refer to the notes below when considering the applicant's eligibility to attend the programme.

Bachelor of Sports in Physical Education programme is mainly conducted indoors. Participants may be involved in activities such as running, playing of games and outdoor activities.

There are many participants with pre-existing medical constraints who attend our courses. S R Nathan School of Human Development encourages and supports this enthusiasm, effort and commitment. However, in the interest of the applicant's safety as well as that of others, it is important the applicant informs you and the school of any problem area(s) that he / she may experience which may interfere with his / her full participation in the course's activities.

Please assist the applicant to complete the following parts in the **Programme Registration Form**:

- Part 2: 'Applicant's Self Declaration & Medical Examination' (Pg 2)
- Part 3: 'Further Information on Medical Condition (Pg 3)
- Part 4: 'Recommendation of Fitness to attend S R Nathan School of Human Development programme' (Pg 3)

Please include as much detail as possible. All information provided therein will be treated with strict confidentiality. Recommendation of fitness should be based on your assessment of the applicant's ability to participate in any S R Nathan School of Human Development programme.

Applicants with any of the following medical conditions may <b>not</b> be admitted:	
1	Chest pains related to heart problem
2	<b>Asthma</b> – Exercise-induced
3	Unavoidable allergens resulting in severe allergic reaction – e.g. traces of allergen or insect
4	<b>Anaemia</b> – Hb below 11gm %
5	<b>Epilepsy</b> – Any attack or on relevant medication within the last 2 years
6	<b>Severe obesity</b> – Based on Body Mass Index (BMI) greater than 35
7	<b>Thalassaemia major</b>
8	<b>Recurrent or recent fractures/ muscle/ tendon/ ligament problems within the last 6 months</b>
9	<b>Mitral valve prolapse with regurgitation</b>
10	<b>History of Sleepwalking</b> – Any occurrence within 1 year (For overnight programmes only)
11	<b>Severe Attention Deficit Hyperactivity Disorder (ADHD) / Autism Spectrum Disorder (ASD)</b>
12	<b>Any condition requiring self-administered injections</b> – Eg. Diabetes requires insulin injection
13	<b>Any other physical or psychological conditions that may impair the applicant's participation or safety in the course</b>

### **Important:**

1. S R Nathan School of Human Development reserves the right to make the **final admission decision** based on the Medical Examiner's recommendation, programme intensity, and the school operational considerations.
2. If the applicant contracts any illness/disease or sustains any injury between submission of the Programme Registration Form and the commencement of the course, it is important that the applicant consults a doctor and keeps S R Nathan School of Human Development informed.

**Medical Services & Training Continuation Sheet  
(FOR INTERNAL USE ONLY)**

**Name of Applicant:**

**Date/ Time**

**Notes**

**Recorded by**