

UNIVERSITY HEALTH CENTRE (HEALTH SERVICE)
Admission Medical Examination Report

PART I (Personal Particular to be completed by Student)

Full Name: _____ Gender: Male / Female
(underline Surname / Family Name)

NRIC / Passport No: _____ FIN No: _____ Date of Birth: _____

Email Address: _____ Nationality (citizenship status): _____

Course of Study: _____ NUS Applicant Number: _____

1) Are you currently under treatment or have been treated for any long-term physical condition?

☐ No ☐ Yes

If "Yes", please provide details.

2) Are you currently under treatment or have been treated by a psychiatrist, psychologist, or counselor?

☐ No ☐ Yes

If "Yes", please provide details (diagnosis, treatment, date and duration, etc. Please use a separate sheet if necessary).

3) Have you been in contact with anyone diagnosed with TB?

☐ No ☐ Yes

Personal Medical History:

Have you suffered from or undergone any of the following?

(Please Tick [✓] No or Yes. If "Yes" please specify condition and duration.)

	No	Yes	Details
Allergies / G6PD deficiency			
Acute/Chronic Respiratory Disorders			
Blood Disorders			
Gastro-intestinal Disorders			
Heart Disorders			
Injuries or Deformities			
Kidney / Urinary Disorders			
Muscular / Joint Disorders (e.g. scoliosis)			
Skin Disorders			
Surgical Procedures (exclude wisdom tooth)			
Any other conditions (e.g. Hepatitis B Carrier, diabetes, thyroid disorders, menstrual disorders)			

I hereby certify that the answers given by me to the above listed questions are correct and true. I understand that NUS at its discretion, can choose not to bear costs of any future medical impairment, illness, treatment or investigation that may arise, should there be false or incomplete declaration made on the above. I have no objection to the release of my medical report(s) from the hospital(s) or doctor(s) concerned, if necessary.

I hereby consent to NUS collecting and using the information I have provided herein for the purposes of evaluating my admission to NUS. Further, I hereby consent to NUS disclosing the information provided herein to NUS' insurers for the purposes of the insurers assessing my eligibility for insurance coverage.

Signature of Student: _____

Date: _____

PART II (Medical Examination)

(Note: To be completed by a registered physician who is not a relative of the student being examined)

Student's Full Name: _____ NRIC/ FIN/ Passport No: _____
(underline Surname / Family Name)

Height: _____ m

Weight: _____ kg

Blood Pressure: _____ / _____ mmHg

Pulse Rate: _____ per minute ☐ Regular ☐ Irregular

Visual Acuity: Uncorrected: Right: 6 / ____ Left: 6 / ____

Colour Vision: ☐ Normal ☐ Red-green deficiency

Corrected: Right: 6 / ____ Left: 6 / ____

☐ Others☐ Refer to Optometrist

Please examine the following systems and indicate any abnormalities:

(Please Tick [☒] whichever is applicable and provide details if response is **Abnormal**.)

	Normal	Abnormal	Details
Eyes (other than myopia)			
Respiratory			
Cardiovascular			
Gastro-Intestinal			
Muscular/Skeletal			
Neurological			
Psychiatric			
If any other conditions, please indicate here:			

Laboratory Examination (Please Tick [☒] whichever is applicable):

Urinalysis		Negative	Positive	Value	Hypocount (fasting / random)	
	Sugar:					
	Albumin:					
	Red Blood Cells:					

Radiological Examination of the Chest (Please indicate the X-RAY findings with a ☒):

(Only required for students enrolling into the Medicine, Nursing, Pharmacy, Dentistry, Duke-NUS Doctor of Medicine (MD) or Speech and Language Pathology programme. Please attach a copy of the chest x-ray report together with this form to University Health Centre.)

Normal	Abnormal	Remarks	Date of X-ray

CONCLUSION (Please conclude and indicate if student is fit for studies at NUS with a ☒):

FIT	UNFIT	Date of Examination

Physician's Comments (if applicable): _____

Physician's Name & Stamp :	Signature:	Clinic Stamp and Address: