MEDICAL EXAMINATION REPORT

For New Applicants:

1. The Medical Examination may be done in Singapore by any registered General Practitioner (GP). Applicants who are in their home countries/places of residence may have their Medical Examination and HIV test done in their home countries/places of residence at any medical clinic licensed to carry out such tests. If HIV testing is done in Singapore, it may be carried out with either rapid or ELISA tests.

For Renewal Applicants:

1. The Medical Examination MUST be done in Singapore by any registered GP. HIV testing may be done with either rapid or ELISA tests.

Notes for All:

1. This Medical Examination Report is to be completed by a registered doctor and returned to the examinee. The original copy of the laboratory report for HIV and the X-ray report must be attached to this Medical Examination Report only if the medical examination and testing is carried out overseas.

2. The laboratory report for HIV and the X-ray report submitted to the Immigration & Checkpoints Authority should be within THREE MONTHS from the date of the issue of the reports.

I Personal Particulars

1. Name (as in the passport): _____
2. Sex: M / F 3. Date of Birth : _____ 4. Nationality : _____
5. Passport No. : _____ 6. FIN No. (*if applicable)* : _____
7. Address in Singapore: _____

II Medical Examination

I certify that the above-named has undergone a chest X-ray and the result of his/her chest X-ray is as indicated (with a [√]):-

	Yes	No
1. TB (Chest X-Ray)*	☐	☐

Any evidence of active TB detected? [*Pregnant Women are exempted from Chest X-Ray]

I certify that I have tested the above-named and the result of his/her HIV test is as indicated (with a [√]):-
(for foreign students only)

	Positive/Reactive	Negative/Non-Reactive
HIV (AIDS):	☐	☐

I certify that I have examined the above-named and the result is indicated above (with a tick [√]).
Please refer the second page for check up information

☐ **Fit for SMU placement**

☐ **Unfit for SMU placement**

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature : _____ Clinic's Stamp & Address: _____

Date: _____

MCR no. _____ Telephone Number : _____

NOTE: The name in the laboratory report for HIV and the X-ray report must be according to the name shown in the Passport.

DECLARATION

I, _____ declare that the above is not applicable to me as
(name)

I have submitted a medical report** containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower*** **(not more than two years ago)** when I was granted the _____
(pass type)

on _____ valid till _____ .
(dd/mm/yy) *(dd/mm/yy)*

_____
Signature & Date

***** Those who were previously exempted from submitting the X-ray report because of pregnancy are required to submit a X-ray report certified by a Singapore registered GP, if you are no pregnant now.***

****** Delete where necessary.***

WARNING: **IT IS AN OFFENCE UNDER THE IMMIGRATION ACT TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION**

RafflesMedical

CLINIC HEALTH ASSESSMENT

Patient Sticker Here

HEIGHT _____ METRES WEIGHT _____ KG

VISION R - L - UNCORRECTED R - L - CORRECTED

COLOUR VISION _____ BLOOD PRESSURE _____ MMGH

	Significant	Insignificant	Remarks
Medical History	☐	☐	
Surgical History	☐	☐	
Psychiatric History	☐	☐	
PHSICAL EXAMINATION			
Head & Neck	☐	☐	
Nervous System	☐	☐	
Heart	☐	☐	
Lungs	☐	☐	
Abdomen	☐	☐	
Musculoskeletal	☐	☐	
INVESTIGATIONS			
	Abnormal	Normal	
Urinalysis	☐	☐	
Chest X Ray	☐	☐	

Heart shadow is not enlarged
No active lesions noted in the lung fields

Others	* (Please Specify)		
* _____	☐	☐	
* _____	☐	☐	
* _____	☐	☐	
Food Handlers			
Stool & Urinalysis for Typhoid		☐	
Vaccination for Typhoid		☐	

RECOMMENDATIONS

☐ Fit for employment/placement
☐ Unfit for employment/placement
☐ Fit for employment/placement provided _____

_____ _____
CLINIC NAME & DATE DOCTOR'S NAME & SIGNATURE

I authorize Raffles Medical Group to release this report

_____
PATIENT'S SIGNATURE