



OBS COURSE REGISTRATION MEDICAL EXAMINATION FORM

This Applicant requires a medical review and recommendation of fitness to attend the Course by a physician. A “physician” refers to a medical practitioner registered under the Medical Registration Act (Chapter 174). Ensure the medical examination takes place within three (3) months before the start of the Course. **Review the appended e-Registration form to assess Applicant’s suitability for the Course.**

1. Refer to the “Important Note” provided at <https://go.gov.sg/obs-importantnotes-med> and to have understood the Course participation requirements when considering the Applicant’s suitability to attend the Course. You may also access the website via the QR Code below:



2. If Applicant has indicated “YES” to any of the conditions, on the e-Registration form, provide details such as stating:
 - ☐ The condition;
 - ☐ When the condition was diagnosed;
 - ☐ How the condition affects the Applicant’s ability to engage in physical activities in the outdoors or interact with others in an unfamiliar social setting;
 - ☐ Factors that may trigger the Applicant’s condition; and/or
 - ☐ Medication / equipment to manage the condition (if any) (State the name and dosage / usage)
3. Specify if the Applicant is on follow-up with a specialist for the condition.
4. Specify if the condition affect the Applicant’s ability to focus and/or understand and execute safety instructions?
 - ☐ Provide information that will allow OBS to help the Applicant to focus and/or understand and execute safety instructions, any medical devices or implant, and the required precaution.

SUBMISSION AND REVIEW:

1. Submit an original signed copy of the Medical Examination Form to the course coordinator;
2. Only completed forms, including supplementary/specialist memo (if applicable), will be reviewed;
3. If the Applicant contracts any illness or sustains any injury between submission of the e-Registration form and the start of Course, it is important that the Applicant updates the course coordinator and if necessary, consults a physician for re-assessment.
4. OBS will review the Applicant’s application against the course’s programme intensity and OBS’ operational considerations. OBS reserves the right to reject the Applicant’s application to enrol for the Course based on the information provided in the Registration Form and Medical Examination Form.



RESTRICTED

OBS COURSE REGISTRATION MEDICAL EXAMINATION FORM

Name of Applicant:		
Organization/ School:		Designation/ Class:
Personal Identification Number: (Birth Cert / NRIC / FIN)		Course Date:
Period of Tetanus Vaccination: (if not declared on the e-Reg Form)		MM / YY
<p>I, the undersigned, have assessed the Applicant's Registration Form, examined the Applicant & recommend him / her to be (please tick):</p> <p><input type="checkbox"/> FIT / <input type="checkbox"/> UNFIT</p> <p>Subject to additional information provided on the following condition(s) (any):</p>		
Name of Physician & MCR No:		SIGN HERE Signature
		DD / MM / YY Date
Name & Address Of the Clinic:		Contact No.:
<p><u>Acknowledgement of New Medical Information by The Applicant OR Parent/Guardian</u> (to sign below <u>only</u> if there is new/updated medical information that is different from the e-Registration Form, including tetanus.)</p> <p>I, the undersigned, agree with the medical assessment of the Physician, and consent to the Applicant's participation in the OBS Course.</p> <p>Name of the Applicant Or Parent/Guardian (If the Applicant below 18 years old):</p>		
		SIGN HERE Signature
		DD / MM / YY Date
NRIC / FIN Number:		Contact No.: