

UNIVERSITY HEALTH CENTRE (HEALTH SERVICE)
Medical Examination Report – NUS Overseas College (NOC) Programme

PART I (Personal Particular to be completed by Student)

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

Student ID: _____ NOC Location: _____

NRIC / Passport No: _____ FIN No: _____ Nationality (citizenship status): _____

Date & Place of Birth: _____ Email Address: _____

Home Address: _____

Tel No (Home): _____ (Handphone): _____

In case of emergency, person to contact: _____ Relationship: _____

Person's Contact No: _____ Email Address: _____

1) Are you currently under treatment 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, clinical psychologist, or other mental health professional?

☐ No ☐ Yes

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

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			
Acute/Chronic Respiratory Disorders			
Blood Disorders			
Gastro-intestinal Disorders			
Heart Disorders			
Injuries or Deformities			
Kidney / Urinary Disorders			
Muscular or Joint Disorders (e.g. scoliosis)			
Skin Disorders			
Surgical Procedures			
Any other conditions (e.g. Hepatitis B Carrier, G6PD deficiency, 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 fitness for participation in the NOC programme. 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)

Full Name: _____ (underline Surname / Family Name) NRIC / Passport No: _____

Height: _____ m Weight: _____ kg

Blood Pressure: _____ / _____ mmHg Pulse Rate: _____ per minute ☐ Regular ☐ IrregularVisual Acuity: Uncorrected: Right: 6 / _____ Left: 6 / _____ Colour Vision: ☐ Normal ☐ Abnormal

Corrected: Right: 6 / _____ Left: 6 / _____

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 Test Date: _____		Negative	Positive	Value	Urine FEME (If Indicated) Test Date: _____	Sugar _____ Protein _____ pH _____
	Albumin:					RBCs _____ / μ L WBCs _____ / μ L ECs _____ / μ L
	Sugar:					Casts _____ Crystals _____ Organisms _____
	Red Blood Cells:					Trichomonas _____ Occult Blood _____
Haemoglobin						Reference Ranges: RBCs 0 – 3/ μ L, WBCs 0 – 6/ μ L
Others (If Indicated)						

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

Normal	Abnormal	Remarks	Date of X-ray

CONCLUSION (Please conclude and indicate if student is fit for participation in the NOC programme with a ☒):

FIT	UNFIT	Date of Examination

Physician's Comments (if applicable): _____

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