



Pre-IPPT Medical Screening Guidelines

Detailed Instructions for the Medical Examiner

For the candidate who presents a Pre-IPPT Medical Examination Form, please perform the following:

1. **Administrative:** Determine

- a. Home Team Department the personnel belongs to
(the officer is to indicate SPF/ SPS/ SCDF/ CNB or MHA (for HQ personnel only))
- b. Regular Officer or NSmen or Volunteers (VSC/ CDAU)
- c. Age; DOB
(NB: this affects the screening panels in **Table 1** below)
- d. If the officer has other accompanying medical screening forms or other purposes e.g. re-employment medical screening tests may be performed together with the same tests concurrently.

2. **History taking:**

- a. Review the completed questionnaire and obtain relevant details of all medical conditions, relevant medical memo for exemptions (if any)
- b. If the officer has any existing and/or new medical exemptions over the past FY/screening;
- c. Access NEHR, where indicated, to tally with the medical declaration for those who are managed by public healthcare institutions. For those managed by private medical practitioner/s, please ask for the medical report(s) or memos where applicable.

3. **Panel 1, 1a Tests:**

- a. Refer to Panel 1 ± Panel 1a listed in **Table 1** according to the group (1a & b) to which Personnel Group the officer belongs to. (For example, NSmen require only Panel 1).
- b. Check if the officer has undergone any of the investigations outside of MHA-organised screening events within the stated validity periods by Singapore licensed practitioners/laboratories. The officer need not re-take the relevant investigations, with the investigation results considered valid if the officer does not report any new medical problems or symptoms to warrant a repeat investigation.
- c. Perform the required tests (Table 1) ± screening/vaccinations for the officer for documentation in Section A, B, C of the Form:

Table 1: Panel 1, 1a

Panel	Personnel Group	Tests within the respective panel	Validity
1	1. HUS officers aged 25, 30, 35, and annually thereafter	1. Reviewing past medical history including coronary risk factors, and interpretation of any medical report(s) provided by the officers	NA
	2. Members of VSC, CDAU aged 35, and annually thereafter	2. Physical examination (e.g. blood pressure, height and weight, visual acuity, digital rectal examination)	NA
	3. NSmen aged 35, and annually thereafter	3. Resting ECG	3 months
	4. Female personnel 1 year after childbirth	4. Urine Dip-stick to screen for urine protein, glucose, WBC and RBC	6 months
		5. Fasting blood glucose	6 months
		6. Fasting blood lipids (Total cholesterol, HDL, LDL and triglycerides)	6 months
1a	1. HUS officers and	1. Full blood count	6 months
	2. VSC, CDAU aged 35, 40, 43, 46, 49 and annually thereafter	2. Serum Creatinine (blood sample)	6 months
	3. Female personnel 1 year after childbirth		

4. **Cardiovascular assessment for Panel 2a/b and other listed cardiac conditions listed in MHA Cardiac Screening Protocol (section D)**

Principles:

Officers with a documented personal history of coronary heart diseases, acute coronary syndrome and/or coronary revascularization are **excluded from both Panel 2a and 2b**. They should be referred to Medical Board for review of their suitability for IPPT.

Refer to Coronary Risk Factor (Table 2), Officers requiring Panel 2a ± 2b are to be referred by **MSP doctors to CGH via CVIS Web portal**.


1. If coronary risk factors or diabetes mellitus are newly detected between the required screening ages for Panel 2a, the officer is to undergo Panel 2a as part of the health screening review for that year. For example, an officer who is found to have diabetes (= 2 risk factors) at age 36 must go for Stress Treadmill ECG for as part of the medical screening that year although the schedule states 35, 37, 39 etc.
2. Officers with history of false positive Stress Treadmill ECG (abnormal ECG, normal functioning imaging test) **or** are unable to do Stress Treadmill ECG should do Panel 2b directly, bypassing Stress Treadmill ECG.

Cardiac referrals not within Advanced cardiac Investigations and MHA Cardiac Screening Protocol are to also be referred via Form B to other medical service providers if newly diagnosed AND affects fitness for IPPT. Otherwise Parkway Shenton memo should be used.

Checklist of questions for PSPL doctor to determine if officer requires Cardiac referral

Alternatively, you may refer to Annex A for flowchart below.

1. Does the officer have the risk factors and accompanying age requiring cardiac screenings **OR** any abnormal cardiac conditions stated in MHA Cardiac Screening Protocol? Refer to **Annex A Table 2 (Page 8)** for ages and number of risk factors **and cardiac screening protocol below**.
 - a. If yes to any, proceed to Qn 2.
 - b. If the officer has a cardiac condition **not** stated in MHA Cardiac Screening Protocol, please refer the officer to external PHIs/polyclinic or GP (e.g. ?cardiomegaly; See Page 4: Other referrals).
 - c. If No, proceed to Page 4 - RE: Other Referrals

MHA Cardiac Screening Protocol	 MHA Cardiac Screening Protocol_v4
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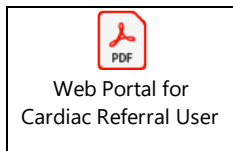
2. Does the officer have any documented personal history of coronary heart diseases, acute coronary syndrome and/or coronary revascularization?
 - a. If Yes, refer these individuals to Medical Board directly for review of their suitability for IPPT.
 - b. If No, proceed to Qn 3.
3. Is the officer on active follow up with any cardiologist annually (last visit within 12 months)?
 - a. If Yes, please ask officer to furnish a memo from his cardiologist to provide details of his cardiovascular fitness, do not refer to CGH. If officer does not have a ready memo, he is to obtain it from his cardiologist, scan and send it to PSPL doctor for certification thereafter.
 - b. If No, proceed to Qn 4.
4. Does the officer have history of false positive stress treadmill ECG Results or unable to do stress treadmill ECG? <check NEHR/CVIS, where permitted or ask officer>
 - a. If Yes, please proceed to Q5.
 - b. If No, refer for stress treadmill ECG to CGH via CVIS.

5. Does the officer have any of the following valid Cardiac Screening memos (validity in table below)? <check NEHR/CVIS, where permitted>
- If Yes, refer to the memo and certify fitness. Do not refer to CGH.
 - If No, refer for functional imaging tests to CGH via CVIS.

Table 2: Panel 2a / b

Investigations	Validity
1. Stress Treadmill ECG	12 months
2. Functional imaging tests (stress echocardiography, stress (dobutamine) echocardiography (DSE*) or Heat Perfusion Study (MIBI)) *DSE is for personnel who are unable to run (e.g. lower limb injury)	3 years
3. CT coronary calcium scan (usually referred by CGH doctors) ONLY for aged ≥ 40 , abnormal Stress Treadmill ECG (2a) but normal functional imaging test results (2b) AND did not do CT Coronary calcium scan before. This is a <u>one-time</u> scan.	NA; one time only; age ≥ 40
4. Invasive Coronary angiogram	5 years

- Officers who require follow-up at CGH (i.e. Advanced Cardiac Investigation (Panel 2a + 2b), and other conditions listed in MHA Cardiac Screening Protocol) are to be referred via the **CGH CVIS web portal**. A Form B is not required for this process.
- Please refer to Web Portal for Cardiac Referral User Guide on how to use CVIS for referral. Please list down the officer's HTD and reason for referral correctly.



- For other cardiac conditions **not** listed in MHA Cardiac Screening Protocol, the doctor is to utilise Form B (if new cardiac condition) or Shenton Medical Memo (if pre-existing condition) for the officer seek his/her own follow-up.

5. Other Referrals

- a. For other referrals, the doctor is to distinguish if the condition is a newly diagnosed/ suspected condition versus pre-existing condition.
- b. Does officer already have sufficient memo / documentations before medical screening? If yes, see point (3) below.

c. For newly diagnosed/suspected conditions, please use **Form B**.

d. For pre-existing conditions, please use **Shenton Medical Memo**. Please kindly advise the officer that for pre-existing conditions, it would not be covered by MHA Medical Benefits Indemnity Memo (MBIM).

- (1) Referred to polyclinics for chronic disease; UNFIT* (e.g. dyslipidaemia or high blood cholesterol, high blood pressure and diabetes mellitus).

Please refer to Annex E (page 10). Officers are to arrange for an appointment and follow-up at restructured hospitals, or polyclinics via Healthhub website or Healthhub mobile application. After stabilising the condition or getting a diagnosis, officers are to obtain a medical memo from the polyclinics and proceed to book a Pre-HTMB review.

*For officers with LDL 4.1 – 4.8 mmol/L with low 10yrs CVD risk <10%, MSP doctor to FIT them, but refer these officers to polyclinic for their own follow-ups. No referral for Pre-HTMB required.

- (2) Referred to a medical specialist to manage other medical condition.

Officers are to attend the scheduled appointment made by MSP. **Please inform officer that direct Specialist referrals are unsubsidised.** Alternatively, to refer to Polyclinic → then Specialist at Hospitals. After getting a diagnosis from the Specialist, officers are to obtain a medical memo from the specialist and proceed to book for Pre-HTMB.

- (3) Referred straight to Pre-HTMB if there is recent medical memo (3 months from the time of the first visit).

If the MSP doctor has deemed the medical memo provided sufficient, officers may proceed to book for Pre-HTMB.

6. Screening Outcomes:

For officers referred to CGH Cardiac via CVIS, please wait for their results to return via CVIS.

- a. The outcome of the screening will be determined by MSP doctors with reference to Annex E Medical Screening Guidelines (Page 10) and MHA Cardiac Screening Protocol_v4 (updated 24 Jul 2020).
- b. For officers doing Advanced Cardiac Investigations at CGH and have cleared the cardiac screening with no further tests required will not require follow up at the PSPL medical centre/clinics. The results will be sent back to PSPL for relay to HRSC. Officers with abnormal results, other referrals or specialist results will have to visit the Home Team Medical Centres for medical board review.
- c. There are two age categories. Regardless, the doctor is to assess the officers based on their **maximum fitness** (i.e. to assess officer as if officer is attempting 3-station IPPT) for deployment/ course eligibility.

(1) For aged < 45,

- if the officer is fit, tick Category A1
- If the officer has existing Medical Board Memo for certain excuses, can tick Category A2, A3, A4 and sub-points accordingly
- If has referrals to polyclinic/ specialist OR has existing new medical memo to be boarded, tick Category A5 and sub-points accordingly

<input type="checkbox"/> Category A1: Fit for full 3-station IPPT (2.4km run, sit-up and push-up)
<input type="checkbox"/> Category A2: Fit for full 3-station AAFT (Cycling/Swimming, Sit-up, Push-up) (Must provide valid HTMB Result slip)
<input type="checkbox"/> Category A3: Fit for single station (Must provide valid HTMB Result slip) <input type="checkbox"/> AAFT (Cycling/Swimming) <input type="checkbox"/> IPPT 2.4km run
<input type="checkbox"/> Category A4: Fit for partial IPPT/AAFT (Must provide valid HTMB Result slip) <input type="checkbox"/> 2.4km run and push-up <input type="checkbox"/> AAFT (Cycling/Swimming) and push-up <input type="checkbox"/> 2.4km run and sit-up <input type="checkbox"/> AAFT (Cycling/Swimming) and sit-up
<input type="checkbox"/> Category A5: Unfit for full 3-station IPPT for 12 weeks due to _____ <input type="checkbox"/> Be referred to the Polyclinics (Form B*) for chronic disease management (E.g. Dyslipidaemia, High Blood Pressure and Diabetes Mellitus) and obtain a medical memo for HTMB. <input type="checkbox"/> Be referred to a medical specialist (Form B*) to manage other medical condition/s picked up during this medical screening that will impact fitness for IPPT/AAFT/SPFT and obtain a medical memo for HTMB <input type="checkbox"/> Be referred directly to see the HT Medical Officer for Pre-HTMB review if you have a recent medical memo (within 3 months from time of today's consult)

(2) For aged ≥ 45 , the default is SPFT. However, the doctor is to assess the officers based on their **maximum fitness** (i.e. to assess the officer as if officer is attempting 3-station IPPT) for deployment/course eligibility.

<input type="checkbox"/> Category B1: Fit for the following fitness test (s), Please refer to the questionnaire Page C-3 Doctor to tick maximum fitness that officer may perform: <input type="checkbox"/> Fit for SPFT <input type="checkbox"/> Fit for Single Station IPPT (2.4km) <input type="checkbox"/> Fit for Full 3-station IPPT (2.4km run, sit-up and push-up) Officer to indicate choice of fitness test below (<i>may refer to questionnaire earlier done by officer</i>) (select 1 only) <input type="checkbox"/> SPFT <input type="checkbox"/> Single Station IPPT (2.4 km run) <input type="checkbox"/> Full 3-station IPPT (2.4 km run, sit-up and push-
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Please follow the indication by officer on Page C-3 of the form (A sample and guidance is below).

For officers ≥ 45 yrs:			
Which type of fitness test did you do before age 45? (select one only)		IPPT/ AAFT/ Partial IPPT/ Partial AAFT/ Single station	
Any newly diagnosed medical conditions since age 44? If yes, please state:		Yes / No	
SPFT is the default physical fitness test for officers aged 45 years old and above. Please indicate below if you like to volunteer for the other tests.		YES	NO
I wish to volunteer for:	Full 3-station IPPT (2.4km run, sit-up and push-up)		
	Single Station IPPT (2.4km run)		
Note to Medical Service Provider: While officers may take SPFT by virtue of age, the doctor should assess officers based on their maximum fitness (i.e. to assess officer as if officer is attempting full 3-station IPPT). For current officers who are \geq aged 45 and doing SPFT, doctor to check what test was done \leq aged 44 <ul style="list-style-type: none"> o If officer did AAFT at \leq aged 44, their maximum fitness: SPFT o If officer did IPPT at \leq aged 44 and would like to choose to do SPFT when \geq aged 45, <ul style="list-style-type: none"> - doctor to check if the officer has any new knee / osteo conditions that could prevent the officer from running 2.4km: <ul style="list-style-type: none"> • If no, officer's maximum fitness: Fit for Full 3-station IPPT (officer is allowed to opt for SPFT) • If yes, officer's maximum fitness: Fit for SPFT 			

Annex Table 1: Basic screening

Age (defined as at 1 April of the prevailing FY)	Personnel Group	25	30	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
Basic Review (Panel 1, 1a)																				
Location: PSPL network clinics +/- HT MC																				
Panel 1 (Basic review) (Reviewing past medical history including coronary risk factors, and medical report(s), Physical examination, Resting ECG, Urine Dip-stick, Fasting blood glucose and lipids)	1. HUS Officers	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	2. Members of VSC, CDAU			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	3. NSmen			/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	4. Female personnel (1 year after childbirth, regardless of age) – Panel 1 and 1a only																			
Panel 1a (Full blood count; and Serum creatinine (blood sample))	1. HUS Officers																		/ At age 50, then annually thereafter	
	2. Members of VSC and CDAU	/		/					/			/			/			/		
	3. NSmen	Exempted																		
	4. Female personnel (1 year after childbirth, regardless of age) – Panel 1 and 1a only																			
HIV screening (5-year interval)	1. HUS Officers 2. Members of VSC and CDAU	/	/	/					/					/					/ At age 50, and 55	
Hep B anti-HBs IgG Titre Screening	HUS officers who are at continuous exposure should be screened for Hepatitis B at age 40 (e.g. SCDF EMS personnel).								/											

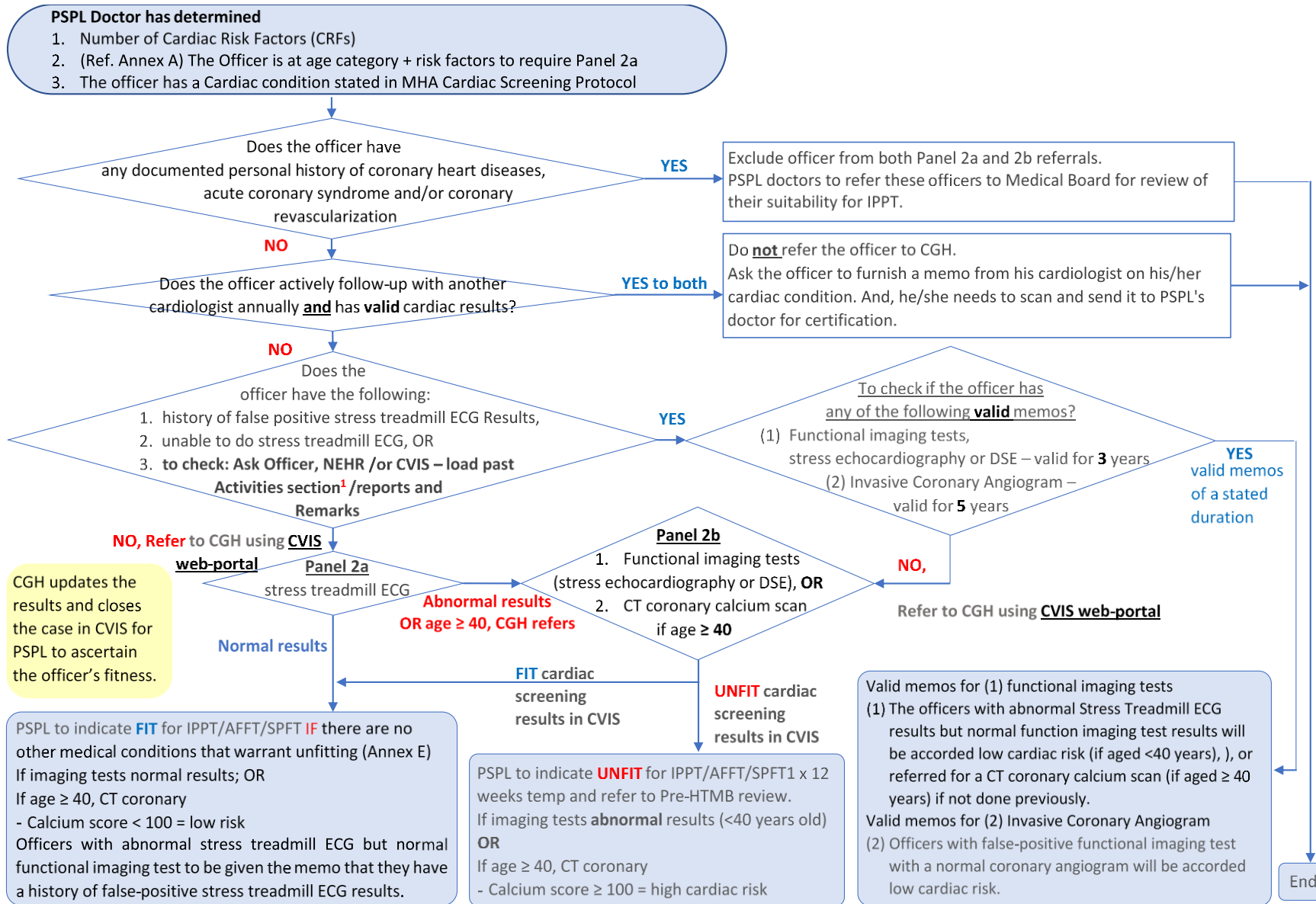
Annex Table 2: Advanced Cardiac Investigation and other cardiac conditions listed in MHA Cardiac Screening Protocol

Age (defined as at 1 April of the prevailing FY)	Personnel	25	30	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
<p>Advanced Cardiac Investigation (Panel 2a +/- 2b), and other conditions listed in MHA Cardiac Screening Protocol to be referred via CVIS System. All other non-listed cardiac medical issues are to be referred through Form B referral. Please check if officer has any VALID cardio Functional imaging tests (3 years) OR Invasive Coronary angiogram (5 years) before referral.</p> <p>1. Officers with documented personal history of coronary heart diseases, acute coronary syndrome and/or coronary revascularization are <u>excluded</u> from both Panel 2a and 2b. PSPL doctors to refer these individuals to Medical Board for review of their suitability for IPPT.</p> <p>2. Officers with history of false positive Stress Treadmill ECG should do Panel 2b directly, bypassing Stress Treadmill ECG (Panel 2a). Please check on validity of prior Panel 2b results (3 years from last test) prior to referral using CVIS system.</p>																			
Panel 2a (Stress Treadmill ECG)	0 Coronary risk factor	1. HUS Officers								/									/ At age 45, then annually thereafter
	1 Coronary risk factor	2. Members of VSC, CDAU (where applicable at ≥ age 35)								/		/							/ At age 45, then annually thereafter
	2 Coronary risk factors	3. NSMen (where applicable at ≥ age 35)				/		/		/									# At age 40, then annually thereafter
	≥3 Coronary risk factors			/	/	/		/		/									# At age 40, then annually thereafter
Panel 2b (Advanced Cardiac Investigations)	<p>MSP doctors to decide if officers are required to undergo Panel 2b if:</p> <p>a. Officers with abnormal Stress Treadmill ECG readings; b. Officers who are required to undergo Stress Treadmill ECG but are unable to do so due to existing medical conditions; or c. Officers with history of false positive Stress Treadmill ECG should do Panel 2b directly, bypassing Stress Treadmill ECG (Panel 2a).</p>																		
Other cardiac investigations	<p>Officers may also be referred to CGH for certain cardiac conditions if these conditions are stated in the MHA Cardiac Screening Protocol for specified cardiac conditions.</p>																		

Coronary Risk Factor Table

Currently smoking
First degree family history of coronary heart disease (male < 55yrs, female < 65yrs)
Indian ethnicity
Blood pressure ≥140/90mmHg or hypertension on treatment
Obesity (BMI ≥30),
Dyslipidaemia (total cholesterol > 6.2 mmol/L (240 mg/dL) or HDL < 0.9mmol/L (35 mg/dL) or LDL > 4.1mmol/L (160 mg/dL))
Diabetes Mellitus (N.B. This is considered as 2 coronary risk factors)

Cardiac Screening flowchart – Which Panel of test should I choose on CVIS?



¹ Past activities section: to take note of any previous records of cardio referral to CGH to see the officers' past history and also our cardiologists replies.

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Updated as of 14 Jul 2021

Disclaimer: Following are some examples of common conditions which would preclude officers from physical fitness test. The list is not exhaustive. For any avoidance of doubt, patients who present with unique conditions which may reasonably exclude from IPPT fitness, they should be referred to HTMB.

Under the 'Refer to' column, those with newly diagnosed condition and assessed unfit should be advised to see a doctor for follow up. The default management is to refer them to polyclinic if they don't have a regular GP or family doctor. The MSP doctor can also offer to manage the condition if the officer is agreeable. Once their conditions have stabilised, officers should be directed to book a Pre-HTMB review, which may lead to HTMB.

For officers with existing conditions, they should be advised to continue their follow up with their doctors to optimise their management.

1. Diabetes, Obesity, Hypertension, Hyperlipidaemia

Specialty	Medical condition	Result	Fitness for IPPT	Refer to
Endocrinology	Diabetes	HbA1c < 7% or well controlled on medications, no end-organ complications	Fit	NA
		Newly diagnosed or HbA1c \geq 7%	Unfit	Polyclinic → HTMB
		Sulphonylurea or insulin	Unfit	HTMB
Cardiovascular	Obesity (BMI)	\geq 40 kg/m ²	Unfit	Polyclinic → HTMB
	Hypertension	\geq 140/90 mmHg	Unfit	Polyclinic → HTMB
	LDL (low 10yrs CVD risk <10%)	4.1 - 4.8 mmol/L*(see end of table)	Fit	Polyclinic to optimise control
		\geq 4.9 mmol/L	Unfit	Polyclinic → HTMB
	LDL (medium 10yrs CVD risk 10-20%)	\geq 3.4 mmol/L	Unfit	Polyclinic → HTMB
	LDL (high 10 yr CHD risk >20%)	\geq 2.6 mmol/L	Unfit	Polyclinic → HTMB
	LDL (very high-risk group)	\geq 2.0 mmol/L	Unfit	Polyclinic → HTMB
	Triglycerides	TG \geq 4.5 mmol/L	Unfit	Polyclinic → HTMB
	HDL	< 1.0mmol/L	Fit	NA
Total cholesterol	Regardless of value if components of lipid panel are acceptable as above	Fit	NA	

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Specialty	Medical condition	Result	Fitness for IPPT	Refer to
	Other Heart Disease	a. Coronary Heart Disease b. Mild MS with normal sinus rhythm and pulmonary pressure c. Mild AS or AR, asymptomatic with normal LV size and systolic function d. Documented cardiac arrhythmias e.g. Long QT syndrome, WPW without ablation, High PVC burden ($\geq 10\%$), Type II Brugada and declined Flecainide challenge, Atrial Fibrillation etc. e. Atherosclerotic Cerebrovascular Disease f. Peripheral Vascular Disease g. Abdominal Aortic Aneurysm	Unfit	HTMB
		h. Other Cardiac conditions	Refer to MHA Cardiac Screening Protocol if referral may be required.	
<p>*With the current updated workflow, fitting for IPPT will be done in agreement with the MOH Lipid Guidelines</p> <p>If LDL < 4.9mmol/L, for low 10-year CVD risk, - Any value of HDL - Any value of total cholesterol if components of lipid panels are individually acceptable</p> <p>Serviceman can be fitted for IPPT upfront. However, they should still be referred to the polyclinic if LDL ≥ 4.1mmol/L for management of their dyslipidaemia.</p>				

2. Asthma

- a. Unfit if
- On daily inhaled corticosteroid, and refer to HTMB
 - Suspected asthma; to Unfit, refer to polyclinic using Form B, and then to HTMB
 - If known asthma, but poorly controlled ACT <20 , and refer to HTMB
 - Asthma at current risk of fatal attacks e.g. prior history of intubation/ ICU admission for asthma, past history of near fatal attack(s)

3. Back injuries

- a. Unfit if symptomatic back-pain **and** MRI proven or documented or suspected disc degeneration, fractures, spondylosis, prolapsed intervertebral disc

4. Blood in urine

- a. Persistent microscopic hematuria* with no definitive diagnosis after specialist review can be certified fit *defined as 2 episodes of UFEME > 5 RBC/hpf or dipstick “+” blood

5. Anemia (where applicable)

- a. Males Hb > 12.4 g/dL, Females > 11.4 g/dL, if lower than **these** levels, the patient requires further investigation for the cause of anemia before certifying fit.

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- b. For individuals with thalassemia, MSP doctor to request HTMB result slip from officer or documentation of past Hb levels.
 - i. Officer may be cleared fit if Hb is maintained at baseline levels OR
 - ii. Unfit and refer to HTMB if changes in Hb levels or lack of documentation.

6. Hyperthyroidism/Hypothyroidism

- a. Submit to HTMB: the latest TFT (Thyroid Function Test) result and/or a memo from the GP stating control of hyper/hypothyroidism
- b. Hyperthyroid – Fit if Euthyroid >1 year while on either of these treatments 1) post-op, or 2) RAI, or 3) medications.
- c. For subclinical hyperthyroidism to unfit, refer to Endocrinologist for assessment of IPPT fitness, and refer to HTMB.
- d. Hypothyroid – Fit if 1) Subclinical not requiring treatment, 2) Euthyroid >6 months on thyroxine

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List of abbreviations

Abbreviation	Term / Explanation
AAFT	Alternative Aerobic Fitness Test - Push-Ups, Sit-Ups, Swimming / Cycling (for <45 years old only)
Annex A	Pre-IPPT Medical Screening Programme (By Age)
Annex B	Process for Pre-IPPT Medical Screening (Flowchart)
Annex C	Medical Screening Form
Annex D	Vaccination Form
Annex E	Pre-IPPT Medical Fitness Assessment criteria for common medical conditions
CDAU	Civil Defence Auxiliary Unit; Volunteer force of Singapore Civil Defence Force
CGH	Changi General Hospital
CNB	Central Narcotics Bureau (Drug enforcements)
CT Coronary Calcium Scan	Only for aged ≥ 40 , abnormal Stress Treadmill ECG (2a) but normal functional imaging test results AND did not do CT coronary calcium scan before. This is a one-off scan and will not be repeated at subsequent screening unless deemed indicated by the attending cardiologist.
CVIS	Else known as CVIS IT platform or web portal Cardiovascular Information System InTERnet link: https://interface.nhcs.com.sg/NHCMHA/Login.aspx
ECG	Resting Electrocardiography
FBC	Full blood Count
Form B	MHA Referral Form B - to be used for newly suspected medical conditions affecting IPPT fitness only.
FY	Financial year; <u>1 Apr (x year) to 31 Mar (x+1 year)</u> . 1 Apr of the next FY will be used as the cut-off to calculate age for medical screening and determination of their IPPT age category. For example, an officer whose birthday falls on 9 Aug is 34 years old as of 28 Jun 2018. His age on 1 Apr 2019 will be 35 and hence he has to take the required screening between 1 Oct 2018 and 31 Mar 2019 for the age group of 35 for FY 19 IPPT (1 Apr 2019 to 31 Mar 2020).
HAS	Home Affairs Services (HAS) - ICA only.
HRPS	Human Resources and Payroll system (HR IT platform)
HTD	Home Team Department
HTMB / HT Medical Board (OR Pre-HTMB)	Home Team Medical Board (the authority within the Ministry of Home Affairs (MHA) tasked to effect changes in the Physical Employment Standards (PES) grade of Home Team Officers/Servicemen (Regulars, NSF, NSMen, Volunteers) for vocation and training).
HUS	Home Affairs Uniformed Services (HUS) - SCDF, SPS, SPF, CNB, MHQ
Invasive Coronary Angiogram	A Coronary Angiogram uses X-ray imaging to see patient's hearts blood vessels. Coronary Angiograms are usually done as part of a group of procedures known as heart catheterisations that diagnose and treat heart and blood vessel conditions. A catheter (plastic pipe) will be directed to the patient's heart. A dye will be injected through the catheter which may give the individual a warm or flushing feeling. This makes it is easy to see on x-ray images. As the dye moves through the blood vessels, the cardiologist can then observe the flow and easily identify any blockages or constricted areas.
IPPT (full 3-station IPPT)	Individual Physical Proficiency Test - Push-Ups, Sit-Ups, 2.4KM
MBIM	Medical Benefits Identity Memo; medical coverage by MHA

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Abbreviation	Term / Explanation
MHA	Ministry of Home Affairs or MHQ (Ministry Headquarters)
MIBI	Myocardial perfusion is an imaging test. It's also called a nuclear stress test. It is done to show how well blood flows through the heart muscle. It also shows how well the heart muscle is pumping. A myocardial perfusion scan uses a tiny amount of a radioactive substance, called a radioactive tracer. The tracer travels through the bloodstream and is absorbed by the healthy heart muscle. On the scan, the areas where tracer has been absorbed look different from the areas that do not absorb it. Areas that are damaged or don't have good blood flow do not absorb the tracer. The damaged areas may be called "cold spots" or "defects."
MSP	Medical Service Provider
NEHR	National Electronic Health Records
NHCS	National Heart Centre Singapore
NSmen	Operationally Ready National Servicemen (Conscripted old males who have completed their Full-time National Service (NSF; usually when 18-25 years old))
NUH	National University Hospital
OGTT	Oral Glucose Tolerance Test - fasted patients are given a dose of oral glucose, with blood sample taken thereafter. Patients with diabetes will have a surge above normal in their blood glucose levels due to inability to control blood sugar.
SCDF	Singapore Civil Defence Force (Firefighting, rescue, emergency medical services (EMS) and hazardous materials mitigation)
Shenton Medical Memo	Shenton Referral memo - to be used for other pre-existing conditions (i.e. conditions diagnosed before the officer came for this screening visit)
Single station	Single IPPT station e.g. 2.4km, pull-ups or sit-ups only
SPF	Singapore Police Force
SPFT	For > 45 years old only; Sub-Maximal Physical Fitness test (SPFT). Single-item test conducted on a stationary bicycle to assess the cardiovascular fitness of the officer.
SPS	Singapore Prison Services (secure custody of offenders, rehabilitation)
Stress (Dobutamine) ECHO (DSE)	Similar to Stress ECHO but with a dobutamine drug-induced stress instead of exercise. DSE is for personnel who are unable to run (e.g. lower limb injury)
Stress ECHO	A stress echocardiography, also called an echocardiography stress test or stress echo, is a procedure that determines how well a patient's heart and blood vessels are working. During a stress echocardiography, patients will exercise on a treadmill or stationary bike while the cardiologists monitors the blood pressure and heart rhythm. When patient's heart rate reaches peak levels, the doctor will take ultrasound images of the heart to determine whether the heart muscles are getting enough blood and oxygen while the patient exercises.
Stress Treadmill ECG	Stress Treadmill Electrocardiogram (ECG) (Exercise Stress Test) An exercise stress test is a special non-invasive diagnostic test used to assess the response of patients' hearts to an increased workload and oxygen demand during physical stress. The exercise stress test is done by recording a modified 12-lead electrocardiogram (ECG) of patient's heart during rest, walking and jogging on a treadmill machine which is programmed at varying speeds and elevations
UFEME	Urine Formed Elements - white blood cells, red blood cells, epithelial cells, crystals etc.
VSC	Volunteer Special Constabulary; Volunteer force of Singapore Police Force