

PHS 2016 Registration Questionnaire [English (United States)]



1. Time in (24h format)

\_\_\_\_\_

Phlebotomy Eligibility

2. Does the participant intend to undergo phlebotomy? 要去抽血吗?

- ☐ Yes
- ☐ No

This Question is Conditionally Shown if: (2 = Yes)

3. Check that **ALL THREE** of the following eligibility criteria are fulfilled. **Otherwise, change the above question to "no".**

- ☐ Have not done a blood test in a year
- ☐ Have not been previously diagnosed with diabetes mellitus AND / OR dyslipidaemia
- ☐ Have fasted for at least 8 hours prior

This Question is Conditionally Shown if: (2 = Yes)

4. PHS will be printing a health report for you. What language(s) would you prefer the letter to be in? 健康报告

- ☐ English and Chinese
- ☐ English and Malay
- ☐ English and Tamil
- ☐ English only

Registration

5. Name (as in NRIC) 姓名

\_\_\_\_\_

6. Gender 性别

- ☐ Male
- ☐ Female

7. Salutation

- ☐ Mr
- ☐ Ms
- ☐ Mrs
- ☐ Dr

8. NRIC 身份证号码

\_\_\_\_\_

9. Date of Birth 生日 (dd/mm/yyyy)

\_\_\_\_\_

10. Age 年龄 (according to year)

Note: Only participants aged 40 years and above are eligible for screening. (born in 1976 or earlier)

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11. Citizenship 国籍

Note: non-Singaporean Citizens/PRs are unfortunately not eligible for this health screening.

- ☐ Singapore Citizen 新加坡公民
- ☐ Singapore Permanent Resident (PR) 新加坡永久居民

12. Race 种族

- ☐ Chinese
- ☐ Malay
- ☐ Indian
- ☐ Others: \_\_\_\_\_

13. Language spoken by participant?

- ☐ English
- ☐ Mandarin
- ☐ Malay
- ☐ Tamil
- ☐ Others \_\_\_\_\_

14. Address 地址

Search [Here](#) if the postal code is 4 digit (old version)

Main Address \_\_\_\_\_

Postal Code (Singapore) \_\_\_\_\_

15. Housing Type 住宿

- ☐ HDB Rental Flat
- ☐ 1-Room HDB Flat
- ☐ 2-Room HDB Flat
- ☐ 3-Room HDB Flat
- ☐ 4-Room HDB Flat
- ☐ 5-Room HDB Flat
- ☐ Executive Flats
- ☐ Condominium / Private Flats
- ☐ Landed Property

16. Contact Number 联络号码 (Please indicate '00000000' at the respective entry boxes if participant is unable to provide any contact information)

Home Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

17. Highest Education Qualification 教育水平

- ☐ No formal qualifications
- ☐ Primary / PSLE
- ☐ Secondary / O Levels
- ☐ ITE / NITEC / Higher NITEC
- ☐ Pre-U / JC / A Levels
- ☐ Polytechnic / Diploma
- ☐ University / Degree
- ☐ Master's, PhD and above

Consent Taking

18. Introduction

This is a public health screening event jointly organised by National University Health System (NUHS), People's Association (PA), and the medical students of National University of Singapore (NUS) Yong Loo Lin School of Medicine (YLLSoM) (collectively the "Organisers")

**Consent to Screen**

I consent to undergo health screening tests for one or more of the following: obesity, high blood pressure, fasting venous blood test for diabetes and dyslipidemia, cancers (specifically breast and cervical cancer screening registration for females, colorectal cancer screening for both genders) and additional screening modalities (geriatrics and oral health). I understand that all my personal data and information will be recorded and stored in a secure and confidential manner by the Organisers.

**Declaration**

I am eligible for the health screening tests offered to me. I hereby declare that all the information I am providing is true to the best of my knowledge.

**Collection and Use of Information<sup>[1]</sup>**

I acknowledge that my personal data and relevant screening and follow-up information, including the test results, will be collected and used by the Organisers for the purposes of conducting the tests and managing and implementing follow-up action arising from the test results. I also acknowledge that the information will be retained by PHS, NUHS, Health Promotion Board (HPB),

Singapore Cancer Society (SCS), the National e-Health Records (NEHR) and the Ministry of Health (MOH), and that aggregate/de-identified Information may be used for research, statistical and planning purposes.

#### **Authorisation**

I authorise the Organisers to approach other healthcare institutions/clinics which are in the possession of my screening, follow-up, further assessment and/or treatment records to request for such relevant records (if any) for the purposes of patient care, treatment or clinical / programme review.

#### **Disclosure of Information**

I agree and consent to the Organisers and the healthcare organisation(s) administering the tests to disclose:

- a. My information, past screening and follow-up information to the Organisers' authorised partners which may include public healthcare institutions and their affiliated agencies, hospitals, polyclinics, doctors, laboratories, Singapore Cancer Society and other related healthcare providers; and,
- b. My past screening results and follow-up information to/from the authorised partners for the purposes of checking if I require re-screening, further tests, follow-up action and/or referral to community programmes/activities. [1] Including data collected under BreastScreen Singapore, CervicalScreen Singapore, National Colorectal Cancer Screening Programme, HPB's Integrated Screening Programme, Community Functional Screening Programme and other screening programmes conducted by HPB and its authorised partners.

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☐ Yes, participant consents to the above.

19.

#### **Follow Up**

In the event of any abnormal test result, I understand that I will be contacted for follow-up using my contact details provided herein and that I should see a doctor if any of my test results are abnormal. I also understand that there are limitations to the screening tests and that they are not conclusive in detecting or ruling out medical risk factors or conditions. I should seek medical advice if I feel unwell or have any symptoms even if the test results are normal.

Depending on my test results, I may be contacted and/or referred for post-screening follow-up under one or more of the Organisers' screening partner service providers. I may also be referred, where appropriate, to participate in community programmes/activities organised by the Health Promotion Board, PA, Voluntary Welfare Organisations, constituency managers, service providers or grassroots organisations for follow-up or participation in community programmes/activities. I understand that the decision to participate in the above-mentioned activities is entirely mine.

☐ Yes, participant consents to the above.

#### **20. Follow Up**

I understand that I may be contacted regardless of my results for administrative reasons, but such communications will only be made when absolutely necessary. I also understand that I will

receive periodic SMS updates with health tips and advice on healthy living, as well as reminders to visit my primary care doctor for follow-up care.

☐ Participant **consents** to receiving periodic SMS updates with health tips and advice on healthy living, as well as reminders to visit my primary care doctor for follow-up care.

☐ Participant **does not consent** to receiving periodic SMS updates with health tips and advice on healthy living, as well as reminders to visit my primary care doctor for follow-up care.

## 21. Compliance to Personal Data Protection Act (PDPA)

I hereby give my consent to the Public Health Service Executive Committee to collect my personal information for the purpose of recruitment for the Public Health Service (hereby called “PHS”) and its related events, and to contact me via calls, SMS, text messages or emails regarding the event and follow-up process. Should you wish to withdraw your consent for us to contact you for the purposes stated above, please notify a member of the PHS Executive Committee at ask.phs@gmail.com in writing. We will then remove your personal information from our database. Please allow 3 business days for your withdrawal of consent to take effect. All personal information will be kept confidential, will only be disseminated to members of the PHS Executive Committee, and will be strictly used by these parties for the purposes stated.

☐ Yes

Thank you! Please direct the participant to wait in line for their queue ticket.

Destination: **Survey Submitted** (Set in 3 (Have fasted for at least 8 hours prior))

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