

Step 1: Log in

 **FULLERTON**
HEALTH
Student Verification Form

Please enter application no., Date of Birth (DD/MM/YYYY) and email to confirm and fill MC1 form for Health Screening:

<input type="text" value="enter application no."/>	<input type="text" value="enter dob(dd/mm/yyyy)"/>	<input type="text" value="enter your email for OTP"/>	<input type="button" value="SUBMIT"/>
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1. NTU students, please key in your application number.
NIE students, please use your matriculation number instead.

2. After keying your email address, the OTP field will appear.

Step 2: Verify the MC1 information Provided

STUDENT DETAILS

PERSONAL MEDICAL HISTORY

FAMILY HISTORY

SOCIAL AND DRUG HISTORY

MEDICAL EXAMINATION

STUDENT PARTICULARS

Application No.

Full Name (As in IC):

NkR rxJbwV

*Passport No.: 1

e12345

*NRIC/FIN No.: 2

Date Of Birth

16/06/2001

Admission Year:

2023

Full Time/ Part time:

Full Time

Gender

Male

Citizenship:

Chinese

Program of Study:

Graduate Student-General-International (Part-Time)

MobileNo (Country code + Mobile): 3

6522222222

Email:

Singapore Address: 4

1. Key in your passport number. For local students, please key in NA
2. Please provide your NRIC number. For international students, please provide your FIN number indicated in your IPA
3. If you do not have your local number yet, you may key in your current mobile number first. Do not leave space between country code and mobile number. E.g. 6522222222
4. If you have a local address, please provide, if not you may leave this blank
5. After you provide, and verified all information, please select this to move to the next page


FULLERTON
HEALTH

STUDENT DETAILS

PERSONAL MEDICAL HISTORY

FAMILY HISTORY

SOCIAL AND DRUG HISTORY

MEDICAL EXAMINATION

☐ Check All No

1. NERVOUS SYSTEM/PSYCHIATRY

☐ YES☐ No

Details & Dates

2. EYE, EAR, NOSE, THROAT

☐ YES☐ No

Details & Dates

3. RESPIRATORY SYSTEM

☐ YES☐ No

Details & Dates

4. CARDIOVASCULAR SYSTEM

☐ YES☐ No

Details & Dates

- ### 3 Affordable and Accessible Care for All in Asia Pacific

Step 2: Verify the MC1 information Provided

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STUDENT DETAILS
PERSONAL MEDICAL HISTORY
FAMILY HISTORY
SOCIAL AND DRUG HISTORY
MEDICAL EXAMINATION

FAMILY HISTORY
☐ Check All No

1. HYPERTENSION	<input type="radio"/> YES <input checked="" type="radio"/> No	Details <input type="text"/>
2. HEART DISEASE	<input type="radio"/> YES <input checked="" type="radio"/> No	Details <input type="text"/>
3. STROKE	<input type="radio"/> YES <input checked="" type="radio"/> No	Details & Dates <input type="text"/>
4. DIABETES	<input type="radio"/> YES <input checked="" type="radio"/> No	Details <input type="text"/>

1. Check and ensure all details are correct.

2. Amend any information as required.

3. Scroll below for more information/fields

4. If “**Yes**” is selected for any of the fields, please key in the details, and date where applicable.

5. After you provide, and verified all information, please select this to move to the next page

Step 2: Verify the MC1 information Provided

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STUDENT DETAILS PERSONAL MEDICAL HISTORY FAMILY HISTORY **SOCIAL AND DRUG HISTORY** MEDICAL EXAMINATION

SOCIAL & DRUG HISTORY ☐ Check All No

1. CIGARETTES ☐ Yes ☒ No

No. of cigarettes/day:

No. of years:

2. ALCOHOL ☐ Yes ☒ No

If yes, give details & dates
e.g. frequency & quantity.
Wine, 3 glasses, 2 times per week

3. DRUGS TAKEN PRESENTLY ☐ Yes ☒ No

If yes, give details & dates

1. Check and ensure all details are correct.

2. Amend any information as required.

3. Scroll below for more information/fields

4. If "Yes" is selected for any of the fields, please key in the details, and date where applicable.

5. After you provide, and verified all information, please select this to move to the next page

Step 3: Upload all Necessary Documents

1. Please key in your height and weight indicated on the MC1 form. BMI will be calculated automatically.

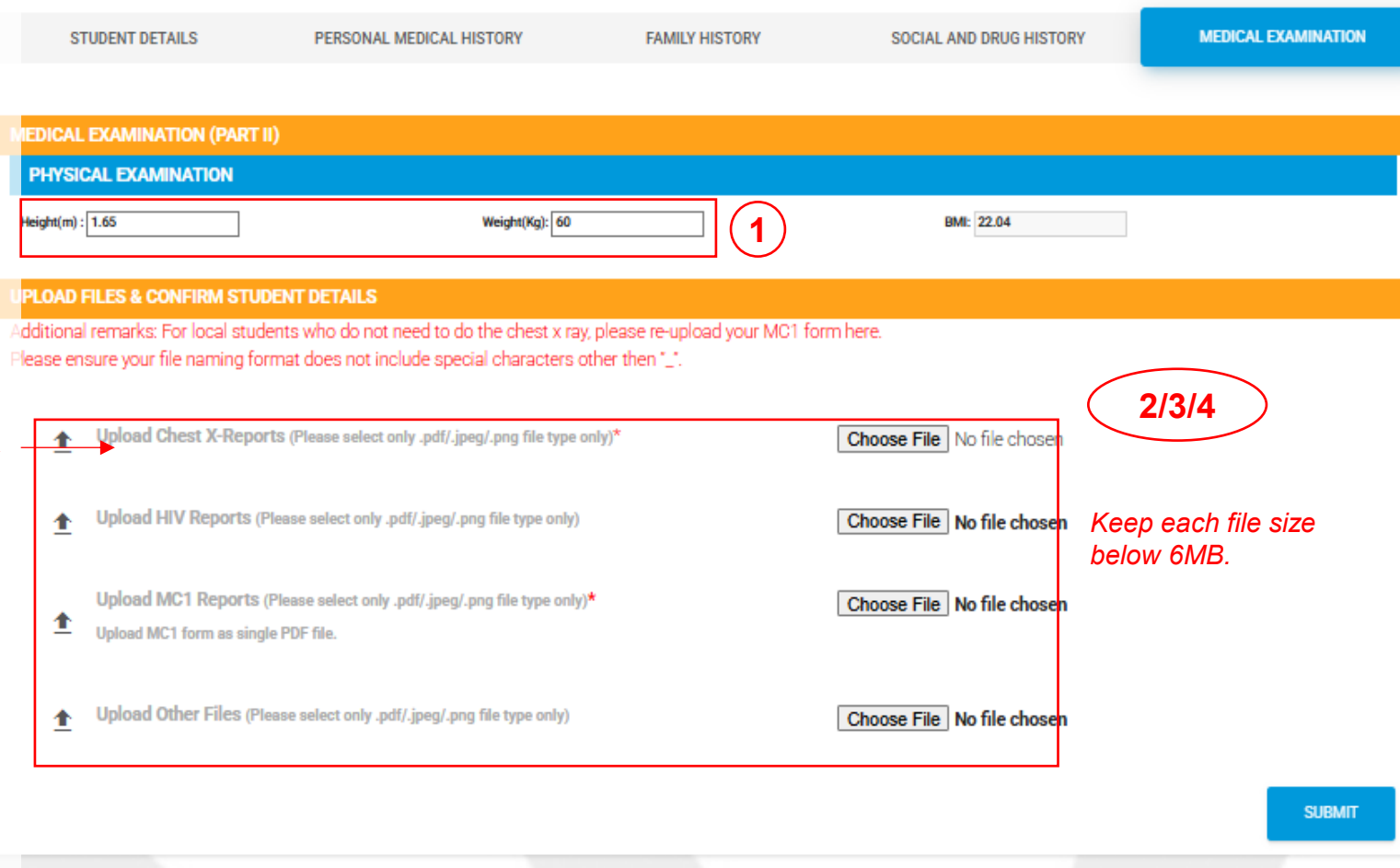
2. Mandatory documents to upload are **(1) Chest X Ray Report (2) MC1 Report**. Note: X-ray films will be requested separately if needed. If you have your HIV report, you may upload it for record-keeping purposes in the relevant field.

For local students, please upload your MC1 form in both the "Upload Chest X Report" and "Upload MC 1 Report" field. If due to course purpose and Chest X ray is required, please upload it accordingly under the Chest X Ray Report field.

File format should be ".pdf", ".jpeg", or ".png".

Don't add a full stop ahead of the file extension.

To separate the name in a file please use underscore "_" instead. For example, File Name: MC1Form_202504223.pdf



STUDENT DETAILS PERSONAL MEDICAL HISTORY FAMILY HISTORY SOCIAL AND DRUG HISTORY **MEDICAL EXAMINATION**

MEDICAL EXAMINATION (PART II)

PHYSICAL EXAMINATION

Height(m) : 1.65 Weight(Kg): 60 BMI: 22.04

UPLOAD FILES & CONFIRM STUDENT DETAILS

Additional remarks: For local students who do not need to do the chest x ray, please re-upload your MC1 form here.
Please ensure your file naming format does not include special characters other than "_".

Upload Chest X-Reports (Please select only .pdf/.jpeg/.png file type only)* Choose File No file chosen

Upload HIV Reports (Please select only .pdf/.jpeg/.png file type only) Choose File No file chosen

Upload MC1 Reports (Please select only .pdf/.jpeg/.png file type only)* Choose File No file chosen

Upload MC1 form as single PDF file.

Upload Other Files (Please select only .pdf/.jpeg/.png file type only) Choose File No file chosen

2/3/4

Keep each file size below 6MB.

SUBMIT

3. Please ensure your X Ray Report is translated into English (similar to what is submitted to ICA).

4. Ensure that each document is submitted as one single file.

For example, if your MC1 Form has 2 pages, please combine them into a single file. You may: (1) Merge the pages into one PDF (2) Insert both pages into a Word document and save it as a PDF.

If X ray film is required, we will send you an email for the document.

Step 4: Make Payment

←  GETHIN-JONES MEDICAL PRACTICE PT... TEST MODE

Undergraduate-Graduate (Full-Time) Endorsement

SGD 16.35

1. Key in your email and choose the relevant mode of payment. Please use the same email address you used to log in to the portal.

Pay with  link

Or

Email

email@example.com

1

Payment method

☐  Card



☐  PayNow

☐  WeChat

☐  Alipay

☐ Save my information for faster checkout

Pay faster on GETHIN-JONES MEDICAL PRACTICE PTE LTD and everywhere Link is accepted.

Step 4: Make Payment



Thank you for completing and submitting the Endorsement Form.

Your endorsement for NTU Health Screening has been successfully submitted. A confirmation email has been sent to your registered email address. Our medical records officer will contact you if any further information is needed.

1. Upon successful submission, you will receive this prompt and an email.

If you encounter any issues with the submission, please email us at ntu.matriculation@fullertonhealth.com using the format below:

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Subject: Application Number – Issue with Endorsement Submission

Application Number:

Issue: (Please describe the issue clearly and attach a screenshot if possible.)

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