

ESSENTIAL FORMS FOR FRESHMEN ADMITTING IN AY2020-21

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APPOINTMENT OF LOCAL GUARDIAN

(For Singapore Permanent Residents and International Students)

I, the undersigned, as the father/mother/legal guardian* of _____,
(name of student)

Holder of Passport no. _____, a student of Nanyang Technological University, Singapore ("**Student**") hereby
(student's passport no.)

appoint the following person as identified in Section A below as the local guardian of the Student in Singapore, who shall have the full authority to endorse any medical procedures including surgical procedures on the Student, for and on my behalf.

I declare I have duly obtained the acknowledgment and consent of the person as identified in Section A below to act as the local guardian of the Student and I fully understand that in so doing:

- (1) I will not hold Nanyang Technological University, Singapore ("**NTU**") and its officers responsible for or liable in any way, and that no action shall arise from any personal injury or loss of life suffered as a result of the local guardian's endorsement (including any delay or failure to endorse) of the medical procedures including surgery on the Student; and
- (2) I will indemnify NTU and keep NTU indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising from the local guardian's endorsement (including any delay or failure to endorse) of the medical procedures including surgery on the Student.

SECTION A: PARTICULARS OF LOCAL GUARDIAN (TO BE COMPLETED BY PARENT/LEGAL GUARDIAN)			
Name			Relationship to Student
Passport No./Identity Card No.*			Date of Birth (DD/MM/YYYY)
Occupation			Email Address
Postal Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>
SECTION B: PARTICULARS OF PARENT/LEGAL GUARDIAN			
Name			Relationship to Student Father / Mother / Legal Guardian*
Email Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>

For the avoidance of doubt, a duly completed and signed copy of this form transmitted by email or other means of electronic transmission shall be deemed to have the same legal force and effect as delivery of an original signed copy of this form for all purposes.

Signature of Father/Mother/Legal
Guardian*:

Date:

* Please delete where applicable

Note: This form must be submitted [online](#) before your departure.

AUTHORISATION FORM FOR MEDICAL PROCEDURES

(For Singapore Permanent Residents and International Students)

To: Nanyang Technological University, Singapore
("NTU")

I, the undersigned, as the father/mother/legal guardian*

of _____, Holder of Passport no. _____,
(name of student) (student's passport no.)

hereby fully authorise and give my consent to NTU, its officers, or the Dean, Vice-Deans, or any of the Faculty-in-Residences, Managers or Administrative Officers of the NTU Student Affairs Office permission to authorise or to refuse consent for medical procedures including surgery for and on my daughter/son/ward*'s behalf.

Further:

- (1) I will not hold NTU, its officers, or any of NTU staff members responsible in any way, and that no right of action shall arise from any loss or damage (including, without limitation, personal injury or property damage) caused by or suffered as a result of the performance or non-performance of medical procedures including surgery on my child/ward.
- (2) I will indemnify NTU and keep NTU indemnified against all losses, claims, demands, actions, proceedings, damages, costs, expenses, and any other liability arising in any way from the performance or non-performance of medical procedures and/or surgery on my child/ward.

SECTION A: PARTICULARS OF PARENT/LEGAL GUARDIAN

Name			
Relationship to Student	Father / Mother / Legal Guardian*		
Email Address			
Contact Numbers	<Country code>	<Area code>	<Home number>
	<Country code>	<Area code>	<Office number>
	<Country code>	<Area code>	<Mobile number>

For the avoidance of doubt, a duly completed and signed copy of this form transmitted by email or other means of electronic transmission shall be deemed to have the same legal force and effect as delivery of an original signed copy of this form for all purposes.

Signature of
Father/Mother/Legal Guardian*: _____ Date: _____

* Please delete where applicable

Note: This form must be submitted [online](#) before your departure.



MC1 – NTU Health Screening Form (Part I)

PART I: CONFIDENTIAL MEDICAL HISTORY (To be completed by the student)

PERSONAL PARTICULARS							
Full Name (Block Letter): _____		Sex: _____					
Application No: _____		NRIC No./Passport No.: _____					
Citizenship: _____		Date of Birth: _____					
Programme of Study: _____		Mobile No.: _____					
Home Address: _____							
PERSONAL HISTORY	NO	YES	If yes, give details & dates				
1. NERVOUS SYSTEM/PSYCHIATRY Frequent headaches, migraine, giddiness, fainting spells, epilepsy (fits), multiple sclerosis, nervous breakdown, anxiety disorder, depression, phobias, substance dependency, eating disorder, treated by psychiatrist or seen a counsellor before.							
2. EYE, EAR, NOSE, THROAT blocked nose, nose bleeding.							
3. RESPIRATORY SYSTEM Asthma, frequent cough, tuberculosis, shortness of breath on and off.							
4. CARDIOVASCULAR SYSTEM Chest pain, palpitations, high blood pressure, heart murmur.							
5. GASTROINTESTINAL SYSTEM Gastric problem, frequent diarrhoea, constipation problem, stomach ulcer, abdominal pain on and off, bloatedness, piles (haemorrhoids).							
6. GENITAL-URINARY SYSTEM Sugar, protein or blood in urine, past urinary tract infection, kidney problem, testicular lumps (males only), hernia, sexually-transmitted infections.							
7. ENDOCRINE SYSTEM Thyroid problem, diabetes							
8. MUSCULO-SKELETAL SYSTEM Frequent backache, knee pain on and off, frequent ankle sprains, neck problem, shoulder problem, gout, previous fracture.							
9. SKIN Eczema, urticaria, fungal infection, psoriasis							
10. Any serious injuries, hospitalisation, operation							
11. Are you a Hepatitis B carrier?							
12. Any disability, impairment or special needs or illness/condition not mentioned above?							
13. FOR FEMALES ONLY History of breast lump, menses problem eg. irregular menses, menses pain, etc							
FAMILY HISTORY	NO	YES	If yes, give details & dates	SOCIAL HISTORY	NO	YES	If yes, give details & dates
1. Hypertension				1. Cigarettes			No. of cigarettes/day: No. of years:
2. Heart Disease							
3. Stroke				2. Alcohol			
4. Diabetes				DRUG HISTORY	NO	YES	If yes, give details & dates
5. Tuberculosis				1. Drugs taken presently			
6. Mental Disorder				2. Allergy			
7. Others							

Data Protection Information

Your health records are held in confidence by the Medical Centre at NTU. Your school will be informed if there is a need to make adjustments for you if it is relevant to your educational needs or if it affects the safety of the people you work with. You may obtain access to your health record by contacting the Medical Centre at NTU.

Declaration

I hereby declare that I have not withheld any relevant information or made any misleading statement. I consent to my information being held and processed by the Medical Centre at NTU as described in the 'Data Protection Information' above.

Student's Signature _____

Date _____

MC1 – NTU Medical Examination Form (Part II)

NANYANG TECHNOLOGICAL UNIVERSITY

PART II: REPORT OF MEDICAL EXAMINATION

(To be completed by a Registered Physician)

SIGNIFICANT MEDICAL HISTORY (including psychiatric disorders):	
PHYSICAL EXAMINATION	
Height: _____ m	Weight: _____ kg
Vision: _____	Colour Vision: _____
Blood Pressure: _____ Pulse Rate: _____	
Cardiovascular System: _____	
Respiratory System: _____	
Abdomen (Note presence of hernia): _____	
Central Nervous System: _____	
Musculoskeletal System: _____	
Others: _____	
INVESTIGATION	
Urine Protein: _____	Sugar: _____
Others: _____	
Chest X-ray Report (should have been made within last six months, and film should be attached to the report): _____	
OTHERS	
Is patient now under treatment for any physical/emotional condition? _____	
Do you have any recommendation regarding the care of this student? _____	
Any drug allergy? _____	

I certify that I have this day examined the abovenamed and the results of medical examination are as set forth. In my opinion, he/she is found to be in good health and free from any physical defect, organic or nervous ailments or after effects thereof which might render him/her unfit to pursue or complete his/her university programme of studies.

Physician's Signature
Address:

Name & Professional Qualifications

Date



MC1A – NTU Health Screening Form

For students taking Sport Science & Management Programme

Please bring along this form to the Medical Centre in NTU for the physician to complete at the point of health screening. The completed form has to be retained by the student.

Personal Particulars (To be completed by the student)		
Full Name (Block Letter): _____		
Application No.: _____	NRIC No./Passport No.: _____	Sex: _____
Date of Birth: _____	Citizenship: _____	Programme of Study: _____
Home Address: _____ _____		
Tel No.: _____		Mobile No.: _____

To be completed by the Medical Centre in NTU
This is to certify that the above has been examined and certified fit to undertake physical activity courses with the SSM.
Other Remarks:

Physician's Name & Signature

Clinic Stamp

Date

Note: This certificate is only valid for one year from the date of health screening.



MC1B – NTU Health Screening Form

For students taking Biomedical Sciences and Chinese Medicine Programme

Please bring along this form to the Medical Centre in NTU for the Hepatitis B screening blood test.

Personal Particulars (To be completed by the student)

Full Name (Block Letter): _____

Application No.: _____ NRIC No./Passport No.: _____ Sex: _____

Date of Birth: _____ Citizenship: _____ Programme of Study: _____

Home Address: _____

Tel No.: _____ Mobile No.: _____

To be completed by the Medical Centre in NTU

Hepatitis Bs Ag _____ Hepatitis Bs Ab _____

Hepatitis B Vaccination

Date of Vaccination

Dose 1 _____

Dose 2 _____

Dose 3 _____

Post Vaccination Hep Bs Antibody test _____ Dated _____

Date _____

Clinic Stamp _____



Immunisation and Additional Screening Form for LKC Medicine students

PERSONAL PARTICULARS

Full name (Block letters) : _____

NRIC no. / Passport no. : _____ Sex: _____ Date of birth: _____ Handphone no: _____

Please bring along all available immunisation records for the information required below.

1. **Measles, mumps, rubella (MMR) vaccination***

Dose	Date of MMR vaccination
1	
2	

OR, if you received MMR as individual vaccines, or you have serological proof of immunity:

Dose	Date of Measles vaccination
1	
2	

OR

Measles antibody level:	
Date:	

Dose	Date of Mumps vaccination
1	
2	

OR

Mumps antibody level:	
Date:	

Dose	Date of Rubella vaccination
1	

OR

Rubella antibody level:	
Date:	

2. **Chickenpox vaccination#**

Dose	Date of chickenpox vaccination
1	
2	

OR

Proof of chickenpox immunity	
Varicella IgG level:	
Date:	

3. **Diphtheria, Pertussis & Tetanus (Tdap) vaccination***

Dose	Date of last Tdap vaccination
1	

4. **Hepatitis B vaccination & screening test**

Dose	Date of Hepatitis B vaccination		Date of additional Hepatitis B booster / vaccination
1			
2			
3			

HBs Ag: _____ Anti-HBs antibody: _____ Date: _____

Students with HBs Ab < 10 mIU/ml will need further Hepatitis B immunisation followed by repeat anti-HBs antibody level testing.

Post-booster immunisation Anti-HBs antibody: _____ Date: _____

5. **Hepatitis C test^**

Anti-HCV IgG test: _____ Date: _____

6. **HIV test**

Anti-HIV antibody: _____ Date: _____

Notes:

Please note that Hepatitis B, Hepatitis C & HIV blood tests must be done at the NTU University Health Service.

Antibody blood tests for measles, mumps, rubella & varicella, if required, are available at the NTU University Health Service at the time of your medical examination.

+ All medical students must receive 2 doses of Measles, Mumps & Rubella (MMR) vaccine, or separate measles, mumps and rubella vaccine or, are able to demonstrate serological proof of immunity.

Chickenpox vaccination is given in two doses, at least four weeks apart.

* Last dose of Diphtheria, Pertussis & Tetanus (Tdap) vaccine is usually given at age 11-12 in Singapore. Documented proof of vaccination with Tdap or Td within the last 10 years is acceptable as evidence of immunity. If vaccination was more than 10 years ago, a booster dose of Tdap is required.

^ Positive serology (anti-HCV IgG positive) must be followed up by HCV RNA test. Individuals who test anti-HCV IgG positive but HCV RNA test negative can be considered to be non-carriers. They need to obtain a medical report from their certifying physician that they have cleared their Hepatitis C infection.