

UNIVERSITY HEALTH CENTRE (HEALTH SERVICE)

Admission Medical Examination Report - Part Time Undergraduate Students (Local and International)

PART I (Personal Particular to be completed by Student)

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

Course of Study: _____ Email Address: _____

NRIC / Passport No: _____ FIN No: _____

Date of Birth: _____ Nationality (citizenship status): _____

Home Address: _____

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

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

Person's Contact No: _____ Email Address: _____

1) Are you currently under treatment or have been treated 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 / 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 admission to NUS. 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: _____

