

15 May 2019

Dear Student

MEDICAL EXAMINATION AND X-RAY

Thank you for your interest in the early childhood courses conducted by SEED Institute.

For deployment purpose to complete the practicum component of your course, SEED Institute requires you to undergo a Medical Examination. This is to ensure that all staffs being deployed to centres are medically fit for employment.

You are required to complete your medical examination at one of the Raffles Medical Group's Centres (see attached for location details) before the first day of class commencement date.

The standard pre-employment check-up and any additional tests (or vaccines) required/advised by the clinic will have to be **paid by applicant and is non-claimable**. Kindly bring along the Medical Services Form and ECDA Medical Report Form attached with this letter, to be presented upon registration.

Do note that acceptance to the early childhood courses is still dependable on the result of this medical screening.

For clarification, please contact SEED Institute at info@seedinstitute.edu.sg. Thank you.

Yours faithfully



Jenny Wong
Head, Business & Parenting

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CPE Registration Number 199504758Z

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Introduction of Raffles Medical Group (RMG)'s Medical Services

Dear students of SEED Institute Pte Ltd,

We are pleased to announce RMG as our panel of company doctor for the following services.

Medical Check-up, Screening Blood Tests and Vaccinations

- Students will pay cash
- For vaccination, please provide mobile to the clinic staff for reminder for subsequent vaccine.
- Refer to the following Clinic Listing.

Compulsory Documents to bring along for Pre-Employment Check-up:

- NRIC/FIN Card for verification
- Form from Early Childhood Development Agency (ECDA)
- Proof of Vaccination Taken if any (Health Booklet or Vaccination Card)

Compulsory Documents to bring along for Work Pass Check-up:

- Original Passport for first time Work Pass
- ICA Form for Permit Holders

Central Clinics

Clinics	Operation	Operating of X-Ray	Remarks
HEALTHCHECK @ RAFFLES HOSPITAL 585 North Bridge Road Level 1 Raffles Hospital Singapore 188770 Tel: 6311-2233 Fax: 6311-2123	Mon – Fri Sat	8.30am – 5.30pm (Last registration @430pm) 8.30am – 1.00pm (Last registration @1200pm)	Ray facility in-house
SHAW CENTRE 1 Scotts Road, #04-09/14 Shaw Centre Singapore 228208 Tel: 6838-0080 Fax: 6838 8885	Mon – Fri Sat – Sun	8.30am – 12.30pm 2.00pm - 5.00pm 8.30am – 1.00pm	X Ray facility in-house
* Ngee Ann City 391B Orchard Road, #08-06 Ngee Ann City Tower B, Singapore 238874 Tel: 6734-7355 Fax: 6734-0201	Mon – Fri Sat	8.00 am – 12.00 pm 2.00 pm – 4.30 pm 8.00 am – 11.30 am	X-Ray @ Orchard Building from RMG clinic. 5 minutes walking distance.

East Clinics

Clinics	Operation	Operating of X-Ray	Remarks
TAMPINES ONE Blk 10 Tampines Central 1 #03-08 Tampines One Singapore 529536 Tel: 6260-5116 Fax: 6787-2311	Mon – Fri Sat	8.30am – 12.00pm 8.30am – 10.00am	X Ray facilities in-house

North Clinics

Clinics	Operation	Operating of X-Ray	Remarks
* ANG MO KIO Blk 722 Ang Mo Kio Avenue 8 #01-2825 Singapore 560722 Tel: 6453-2288 Fax: 6455-3182	Mon – Fri Sat	8.30am – 11.00am 2.00pm – 3.00 pm 8.30am – 10.00am	X Ray @ Polyclinic. Across the road from RMG clinic, 1 minute walking distance
* CAUSEWAY POINT 1 Woodlands Square #05-02 Causeway Point Singapore 738099 Tel: 6894-0777 Fax: 6894-2267	Mon – Fri Sat	8.30am – 4.00pm 8.30am – 10.00am	X Ray @ Civic Centre) from RMG clinic, 5 minutes walking distance

West Clinics

Clinics	Operation	Operating of X-Ray	Remarks
* CLEMENTI Blk 431 Clementi Ave 3 #01-306 Singapore 120431 Tel: 6872-9043 Fax: 6872-9051	Mon – Fri Sat	8.30am – 12.00pm 2.00pm – 3.00pm 8.30am – 10.00am	X Ray @ Polyclinic, 3 minutes walking distance
* JURONG EAST Blk 131 Jurong East Street 13 #01-267 Singapore 600131 Tel: 6899-6688 Fax: 6569-6205	Mon – Fri Sat	8.30am – 12.00pm 2.00pm – 3.00pm 8.30am – 10.00am	X Ray@ 1 minute walking distance.

* X-Ray facilities are not in-house. They are at a short distance from the clinic.
 Note: Timings available for check-ups are subjected to change without notice.



PRE-EMPLOYMENT MEDICAL REPORT FORM FOR EARLY CHILDHOOD DEVELOPMENT CENTRE STAFF

A. GENERAL INFORMATION

Birth cohorts immunised under the National Childhood Immunisation Schedule (NCIS)

Birth cohorts immunised against measles		Birth cohorts immunised against rubella (German measles)	
1974 and before	No	1963 and before	No
1975 ¹ to 1985	Yes (1 dose)	1964 ² onwards (females)	Yes (1 dose)
1986 onwards ³	Yes (2 doses)	1970 ⁴ onwards (males & females)	Yes (1 dose)
		1986 onwards	Yes (2 doses)

**Note: Varicella (chickenpox) and typhoid vaccinations are not recommended under the NCIS. Please note that the introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.

¹ Measles vaccination was introduced in children aged 1 year in 1976.
² Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.
³ The second dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Primary 6) in 1998.
⁴ Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

PART I: TO BE COMPLETED BY CENTRE STAFF

STAFF'S PARTICULARS

Name (as in NRIC) : NRIC/FIN :

Name of Centre :

Date of Employment : Designation :
(DD/MM/YYYY)

[Please tick ✓ the appropriate box. If you indicate "Yes" to any of the questions, please give details on a separate sheet of paper.]

DECLARATION OF MEDICAL HISTORY

Type of Illness/Disease	YES	NO	NOT SURE
1. Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Others (to specify): _____			

DECLARATION OF INFECTION OF DISEASES

Had been infected before?	YES	NO	NOT SURE
1. Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rubella (German measles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varicella (Chicken pox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION OF IMMUNISATION TAKEN

Documentary proof of vaccination to be provided if available

Type of Immunisation Taken	YES	NO	NOT SURE
1. Measles Immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mumps Immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rubella (German measles) Immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Varicella (Chicken pox) Immunisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION OF EVIDENCE OF IMMUNITY

A blood test (for antibodies) is required for staff who had not been infected with Measles, Mumps, Rubella (german measles) and Varicella (chicken pox) or who has not been immunized for these diseases. Staff who wish to receive vaccination without undergoing serological blood test may choose to do so.

[Please tick ✓ the appropriate box.]

I have taken a serological test which shows that I have immunity against measles, mumps, rubella and varicella.

I have taken a serological test and has since been vaccinated against measles, mumps, rubella and varicella for which the serological test shows I have no immunity against.

DECLARED BY:

I declare that the information given above is true and correct.

Name of Staff

Signature

Date

PART II. MEDICAL REPORT (TO BE COMPLETED BY THE EXAMINING DOCTOR)

[Please answer the following questions by ticking ✓ in the appropriate boxes]

A. TYPES OF TESTS

Types of Tests	Normal	Abnormal	If abnormal, please give brief details
1. General Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Types of Blood Tests

3. Blood Tests (for antibodies)

	POSITIVE	NEGATIVE
- Measles	<input type="checkbox"/>	<input type="checkbox"/>
- Mumps	<input type="checkbox"/>	<input type="checkbox"/>
- Rubella (German measles)	<input type="checkbox"/>	<input type="checkbox"/>
- Varicella (Chicken pox)	<input type="checkbox"/>	<input type="checkbox"/>

B. VACCINATION GIVEN

Type of Immunization given

Date

MMR Vaccination (1 st dose)	<input type="text"/>
MMR Vaccination (2 nd dose)	<input type="text"/>
Varicella (chicken pox) (1 st dose)	<input type="text"/>
Varicella (chicken pox) (2 nd dose)	<input type="text"/>

C. OTHER RELEVANT FINDINGS

D. CERTIFICATION BY EXAMINING DOCTOR

I have examined

(Name and NRIC of centre staff)

and my findings are as recorded above. In my assessment, this person is

(please tick one of the following)

FIT (this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella and varicella as stated in Part II)

UNFIT

for employment in an Early Childhood Development Centre

Name of Examining Doctor
(in Block Letters) :

Name and Address of Clinic :

Signature :

Date :

Tel No :

For enquiry, please write to Regulation and Standards, Early Childhood Development Agency at Contact@ecda.gov.sg or call our hotline at Tel: 6735 9213