



Baptist Theological Seminary

1023 Upper Serangoon Road Singapore 534761 ♦Ph: (65) 6472-0091 ♦Fax: (65) 6472-0071

MEDICAL EXAMINATION FORM

Name (per Passport): _____

Date of Birth: _____

Address: _____

Weight: _____ Height: _____

I. Medical History (serious illness, infections, operations):**II. Clinical Examination**

General Condition			
Ears		Eyes	
Skin			
Breasts (female students)			
Other remarks:			
Cardiovascular System			
Heart			
Pulse		Blood Pressure	
Respiratory System			
Nose			
Lungs			
Nervous System			
Remarks:			
Alimentary System			
Mouth & Pharynx		Teeth	
Abdomen			

Name of Examining Doctor: _____

Address: _____

I certify that: _____ has been examined by me and there is no significant physical or mental illness that will adversely affect his/her studies.

Signature: _____ Date: _____

CONFIDENTIALITY POLICY: All information provided by the applicant will be confidential and used solely for the purpose of application for admission and Seminary's records.

Applicants must also undergo a medical examination including a Chest X-ray (to detect tuberculosis) and HIV blood test on the next page. This is a requirement of the Immigration and Checkpoints Authority of Singapore ("ICA") to issue a Student's Pass visa to international students in Singapore. The student may need to repeat the tests subsequently for the purpose of submission to ICA.

MEDICAL EXAMINATION REPORT

1. The Medical Examination may be done by any registered doctor at a medical clinic licensed to carry out such tests.
2. Renewal applicants must have the examination done in Singapore. Other applicants may have the examination done in the home country/place of residence.
3. This Medical Examination Report will only be accepted if submitted within 3 months of its issuance.
4. HIV testing done in Singapore may be carried out with either rapid or ELISA tests.

I Personal Particulars

1. Name (as in the passport): _____
2. Sex: M / F 3. Date of Birth: _____ 4. Nationality/Citizenship: _____
5. Passport No.: _____ 6. FIN No. (*if applicable*):

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7. Address in Singapore: _____

II Medical Examination (Ensure that all fields are duly completed. No additional remarks are allowed on this report.)

Reports which do not meet ICA's requirements will be rejected.)

I certify that the above-named has undergone a chest x-ray and the result of his/her chest X-ray is as indicated (with a [✓]).

1. TB (Chest X-ray)
Any evidence of active TB detected? Yes No Exempted due to pregnancy

I certify that I have tested the above-named and the result of his/her HIV test is indicated below (with a).

2. HIV:	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative/ Non-Reactive
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Name of Examining Doctor (IN BLOCK LETTERS):

Signature:

Clinic's Stamp & Address:

Date: _____

Telephone Number: _____

MCR no: _____

DECLARATION

I, _____ declare that the above is not applicable to me as I have
(name)
submitted a medical report* containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower**
(not more than two years ago) when I was granted the _____
(pass type)
on _____ valid till _____.
(dd/mm/yy) (dd/mm/yy)

Signature & Date

* Applicants previously exempted from submitting the X-ray report due to pregnancy are required to submit one certified by a Singapore registered GP, if you are not currently pregnant.
** Delete where necessary.

**** Delete where necessary.**

WARNING:

**IT IS AN OFFENCE UNDER THE IMMIGRATION ACT
TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION**