Medical Screening Form

All parts of this form are to be completed by a registered doctor of the country of residence of the trainee.

Part 1 Personal Particulars of Trainee

Name:______________________________ Passport No:__________________ Sex: Male/Female Height:_________ cm

Course Attending:_____________________ Date of Birth:_________________ Citizenship:____________ Weight:_________ kg

Part 2 Medical History (filled in together with medical practitioner) **DRUG ALLERGY:___________________________**

	YES	**NO**	**If yes, give details**		**YES**	**NO**	**If yes, give details**
1. Mental Illness	☐	☐		6. Tuberculosis	☐	☐	
2. Epilepsy	☐	☐		7. Heart Disease	☐	☐	
3. Chronic Asthma	☐	☐		8. Malaria	☐	☐	
4. Diabetes Mellitus	☐	☐		9. Musculoskeletal	☐	☐	
5. Hypertension	☐	☐		10. Surgeries	☐	☐	
6. Pregnant (currently)	☐	☐		11. Heat Injury	☐	☐	
				12. Others	☐	☐	

I declare that the information given above is true and correct. I hereby give my consent for a copy of this medical report after it is completed by the examining doctor to be released to the Singapore Civil Defence Force.

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Signature of Trainee Date

Part III (Please tick the appropriate boxes if abnormal, and give brief details if abnormal)

Clinical Examination	**Abnormal**
1. Cardiovascular System a. Blood Pressure Systolic: Diastolic: b. Heart Disease c. Severe varicose veins	 ☐ ☐ ☐
2. Anaemia (clinically anaemic)	☐
3. Respiratory System	☐
4. Abdomen a. Hernia b. Hepatomegaly c. Splenomegaly d. Genito-urinary System e. Lymph nodes	 ☐ ☐ ☐ ☐ ☐
5. Skin – Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐
6. Musculoskeletal/Neurological a. Significant limb amputation/deformity b. Limb movement and co-ordination c. Spinal deformity d. Other abnormalities/orthopaedic history	 ☐ ☐ ☐ ☐
7. Endocrine disorder, e.g. Thyrotoxicosis	☐
8. Mental state	☐

Tests	**Abnormal**
1. Chest X-ray	☐
2. ECG	☐
3. Urine Dipstick a. Albumin b. Sugar	☐
4. Full Blood Count: Hb:_____ Plt:_____/L TW: ______	☐
5. Fasting Glucose: ________	☐
6. Fasting lipids*: T Chol : _____ HDL : _____ LDL : _____ TG: _____	☐
7. Creatinine*: _____	☐
8. Treadmill test (TMX)*#: positive/negative	☐
9. Vision (should be at least 6/12 in both eyes with/without glasses) a. Visual Acuity i. Right eye: 20/ Corrected to: 20/ ii. Left eye: 20/ Corrected to: 20/ b. Any organic eye disease, e.g. Trachoma	 ☐ ☐ ☐
10. Hearing – hear ordinary conversations at 2m	☐
11. Other investigations if done: __________________ * Not required for Basic CBRE & Fire and Rescue Courses for CERT only (See Page 2) # Please attach the TMX report or an equivalent test (Stress Echo or MIBI scan) report to this application form. See Page 2 for clinical indications.	☐

Part IV (please tick in the box)

☐ Clinical examination/tests required above are normal except those test results indicated "abnormal" (if any) in Part III.

Part V Certification from Doctor (any amendments must be endorsed by the Doctor who completes this report)

I certify that I have examined the above-named patient and found that this person is ***FIT/UNFIT** for the course stated above.

Remarks: ____

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Name of Doctor: ______________________________________ Signature of Doctor:___________________________________

Clinic Address: ______________________________________ Date: _______________ Tel:_________________

* For the Basic CBRE and Fire and Rescue Courses for CERT, the investigations (Fasting lipids, TMX and Creatinine) are not required as part of routine medical screening unless deemed clinically indicated by the doctor.

Indication for Stress ECG/Treadmill Test (TMX) or an equivalent test (Stress Echo or MIBI scan)

For patients with no Cardiovascular Risk Factors (CVRFs) or 1 CVRF, a valid negative TMX in the last 12 months is required for participants 40 years old or older.
For patients with 2 CVRFs, a valid negative TMX in the last 12 months is required for participants 35 years old or older.
For patients with 3 or more CVRFs, a valid negative TMX in the last 12 months is required for participants 25 years old or older.

If TMX is not available, a stress echo or MIBI scan is acceptable as an alternative.

For patients with positive TMXs, they should consult their cardiologist to do further investigation (Stress Echo or MIBI scan). Subsequently, a letter from the cardiologist declaring the patient fit for rigorous exercise should be attached to the application form, together with the additional investigation (Stress Echo or MIBI scan) results.

CVRFs

a. Currently smoking
b. First degree relative with Coronary Heart Disease (male relative <55 years, female relative <65 years)
c. Indian ethnicity
d. Excessive alcohol consumption (>3 standard drinks or >45g alcohol per day)
e. Sedentary lifestyle (exercise <2 times per week)
f. Blood pressure ≥140/90mmHg or hypertension on treatment
g. Obesity (BMI ≥30)
h. Dyslipidaemia (total cholesterol > 6.2mmol/L (240mg/dL), or HDL < 0.9mmol/L (35mg/dL), or LDL > 4.1mmol/L (160mg/dL)
i. Diabetes Mellitus (N.B. This is considered as 2 coronary risk factors)

Adapted from SCDF Medical Department Directive No: 01 / 2012 - IPPT Medical Screening Programme