

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

### A. REGULATORY REQUIREMENTS

- (1) Please note that under the Early Childhood Development Centre (ECDC) Regulations 30, any individual who is deployed to provide service at an ECDC is required to adhere to the following requirements:
- (a) the individual has undergone a medical examination and a chest X-ray by a registered medical practitioner, or any other health screening or investigation as may be specified by the Chief Licensing Officer;
  - (b) the individual has been certified by a registered medical practitioner to be fit to work or provide a service in a centre and free from active tuberculosis;
  - (c) the individual has provided a written declaration to the licensee that —
    - i. the individual has received vaccination against mumps, rubella and varicella;
    - ii. the individual has previously been diagnosed by a registered medical practitioner as being infected by any of the diseases mentioned in sub-paragraph(i), and the individual has since recovered from the diseases; or
    - iii. the individual has taken a serological test and the serological test shows that the individual has immunity against all the diseases mentioned in sub-paragraph (i).
- (2) From 1 January 2021, **for all new staff** who are to perform any duty at the licensee's centre as a member of the licensee's staff on or after 1 January 2021, they must, in addition to the requirements stated in paragraph (1), meet the following requirements before commencing work at the centre:
- (a) provide to the licensee documentary evidence (in English) that the individual has immunity against measles;  
**or**
  - (b) provide to the licensee a certificate issued by a registered medical practitioner (in English) stating that the individual has received two dose of measles vaccination; or
  - (c) provide to the licensee a certificate issued by a registered medical practitioner (in English) stating that the individual has received one dose of measles vaccination (to be taken before commencing work at the centre); and within 12 months of the first dose of measles vaccination, the individual must provide to the licensee:
    - i. a certificate issued by a registered medical practitioner stating that the individual has received a second dose of measles vaccination; **or**
    - ii. any other documentary evidence that the individual has immunity against measles.
- (d) Only those who are Singaporeans / Permanent Residents and were **born in Singapore before 1 January 1975** are **exempted** from showing documentary evidence for measles (ie. Paras 2 (a), (b) and (c)). They must comply with the requirements stated in paragraph (1).

(3) With reference to paragraph (2), the reference to “documentary evidence...that an individual has immunity against measles” includes the following:

- (a) a certificate or other statement signed and issued by a registered medical practitioner or any other person on behalf of a healthcare institution, stating that the individual has received 2 doses of measles vaccination;
- (b) a record of the notification mentioned in regulation 18 of the Infectious Diseases (Diphtheria and Measles Vaccination) Regulations (Cap. 137, Rg 3) stating that the individual has been vaccinated against measles;
- (c) a serological test result stating that the individual has immunity against measles;
- (d) a laboratory test result stating that the individual is infected by measles.

(4) Licensees / Staff are required to upload the staff’s medical information (measles vaccination only) in One@ECDA within 28 days of his/her commencement of employment or any change, if necessary.

## B. GENERAL INFORMATION

(1) Birth cohorts vaccinated under the National Childhood Immunisation Schedule (NCIS)

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

<sup>1</sup> Measles vaccination was introduced in children aged 1 year in 1976.

<sup>2</sup> Rubella vaccination was introduced in females aged 11-12 years (Primary 6) in 1976.

<sup>3</sup> The 2nd dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Pri 6) in 1998.

<sup>4</sup> Rubella vaccination was extended to males in aged 11-12 years (Primary 6) in 1982.

\*Medical Information includes vaccination records and the pre-employment medical report (Sections E and F only).

**PART I: TO BE COMPLETED BY CENTRE STAFF**

<b>A) STAFF'S PARTICULARS</b>			
Name (as in NRIC) :		NRIC/FIN :	
Name of Centre :			
Date of Employment: (DD/MM/YYYY)		Designation :	
<b>B) DECLARATION OF MEDICAL HISTORY</b>			
<i>[Please tick ✓ the appropriate box. If you indicate "Yes" to any illness, give details on a separate sheet of paper].</i>			
<b>Type of Illness/Disease</b>	<b>YES</b>	<b>NO</b>	<b>NOT SURE</b>
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): _____			
<b>C) DECLARATION OF DISEASES</b>			
<i>Have you been infected, have evidence of immunity or vaccination against the following diseases? Please tick ✓ the appropriate box.</i>			
<b>Disease</b>	<b>*YES. Been infected / vaccinated</b>	<b>NO. Not infected / vaccinated</b>	<b>NOT SURE</b>
			<b>Exempted - SC/PR born in Singapore and before 1/1/1975</b>
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 (chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If you indicate 'Yes' for measles, please provide <u>documentary evidence of immunity against measles</u> to the doctor attending to you for this pre-employment medical check-up.			
The document must show:			
(a) the date you were diagnosed with measles infection through a laboratory test; or			
(b) the date you were found to have immunity against measles through a serological test; or			
(c) the dates you received 2 doses of measles vaccination (usually given in the form of measles, mumps and rubella (MMR) vaccination).			
If you do not have any documentary evidence for measles as indicated above, you are required to receive MMR vaccination or undergo a serological test. If the serological test is negative, you will need to undergo MMR vaccination.			
Documentary evidence is not needed for mumps, rubella and varicella.			
<b>ACKNOWLEDGED BY: Please tick ✓</b>			
<input type="checkbox"/> I declare that the information provided is true and correct.			
_____ Name of Staff	_____ Signature	_____ Date	

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

*[Please tick ✓ the appropriate boxes]*

<b>A. Types of Tests</b>	<b>Normal</b>	<b>Abnormal</b>	<b>If abnormal, please give brief details</b>
1. General Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
2. Chest X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

  

<b>B. Types of Serological Tests</b> <i>(Please tick ✓ the appropriate boxes)</i>	<b>Positive</b>	<b>Negative</b>	<b>Not Applicable</b>
i) Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Rubella (German measles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Varicella (chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>C. Types of Vaccinations given</b> <i>(Note : exemption from measles needs <u>documentary evidence of vaccination, laboratory confirmation of infection or immunity against measles</u>)</i>	<b>Date</b>	<b>Not Applicable</b>
i) MMR (1 <sup>st</sup> dose)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
ii) MMR (2 <sup>nd</sup> dose)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
iii) Varicella (chickenpox) (1 <sup>st</sup> dose)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>
iv) Varicella (chickenpox) (2 <sup>nd</sup> dose)	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>

  

<b>D. Other Relevant Findings</b>

**E. 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 measles)

FIT (this includes being free from active tuberculosis and staff has taken 1 dose of MMR)  
2<sup>nd</sup> MMR dose is scheduled on \_\_\_\_\_.

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 :

**F. CERTIFICATION BY ATTENDING DOCTOR**

**(This section is only applicable for staff who are undergoing the 2<sup>nd</sup> dose of MMR vaccination)**

This is to certify that \_\_\_\_\_ has received the 2<sup>nd</sup> dose  
(Name and NRIC of staff)

of MMR vaccination on \_\_\_\_\_.  
(Date of vaccination)

Name of Doctor  
(in Block Letters) :

Name and Address of Clinic :

Signature :

Date :

Tel No :

**Note for Centre Staff:**

After you have completed the 2 doses of Measles (MMR) vaccination, **please upload Part F of the form at One@ECDA** (go to Educator's profile -> Documents -> upload under "Others" tab).

For enquiries, please write to Regulation and Standards, Early Childhood Development Agency at [Contact@ecda.gov.sg](mailto:Contact@ecda.gov.sg) or call our hotline at Tel: 6735 9213.