



**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