MEDICAL SCREENING QUESTIONNAIRE

PERSONAL PARTICULARS

Full Name: _____

NRIC No: _____ Age: _____ years

Telephone No: (Home): _____ (Mobile): _____

Email Address: _____

- Under the Enlistment Act, you are required to disclose to us the state of your health and physical condition. This is to help us determine your fitness for National Service and to consider your medical condition(s) during military training.
- You are required to complete all sections.
- Your parent, guardian or next-of-kin will need to endorse the following sections: Drug Allergy & G6PD Deficiency, Personal Medical History and Family History. Please ensure that the person you have indicated to endorse the form is above 21 years old and has full knowledge of your medical history.

Please tick (√) the appropriate boxes and provide details in the space provided.

Please consult your endorser when completing Section A to C of the questionnaire and ensure that your endorser acknowledges and completes Section D (Applicable to all pre-enlistees/applicants/volunteers under the age of 21).

A. DRUG ALLERGY & G6PD DEFICIENCY

		Yes	No	If yes, please specify the name of medication(s) and type of reaction(s). If you are allergic to more than one type of medication, please provide us with the details.
1.	Any allergic reaction to medication?	☐	☐	

		Yes	No	
2.	G6PD Deficiency	☐	☐	

B. PERSONAL MEDICAL HISTORY

Do you have any of the following medical conditions? If you have any of the medical conditions, please provide other relevant details:

S/N	Medical Conditions			Are you currently on medication for the indicated medical condition?		Date of last hospitalisation (if any) for the indicated medical condition	If yes, please provide other relevant details.
		Yes	No	Yes	No		
1.	Childhood Illness	☐	☐	☐	☐		
2.	Heart Disease	☐	☐	☐	☐		
3.	Asthma / Lung Disease	☐	☐	☐	☐		
4.	Epilepsy / Fits / Faints	☐	☐	☐	☐		
5.	Digestive Problem	☐	☐	☐	☐		
6.	Hepatitis	☐	☐	☐	☐		
7.	Kidney Problem	☐	☐	☐	☐		
8.	Skin Condition / Allergy / Bad Rash	☐	☐	☐	☐		

S/N	Medical Conditions			Currently on medication for the indicated medical condition?		Date of last hospitalisation (if any) for the indicated medical condition	If yes, please provide other relevant details
		Yes	No	Yes	No		
9.	Injury / Fracture / Bone / Joint Problem	□	□	□	□		
10.	Blood Disorder	□	□	□	□		
11.	Easy Bruising or Bleeding	□	□	□	□		
12.	Eye Condition / Previous Corneal Refractive Surgery / Intend to go for corneal refractive surgery	□	□	□	□		
13.	Hearing Problem	□	□	□	□		
14.	Mental Illness / Psychiatric Condition / Have consulted a psychiatrist at the Child Guidance Clinic (Institute of Mental Health) or any other clinic or hospital	□	□	□	□		
15.	History of loss of consciousness during exercise	□	□	□	□		
16.	Others *(Specify):*	□	□	□	□		

C. FAMILY HISTORY

*For Section C, please consult your **parents and siblings** and indicate if any one of them has the following medical conditions.*

S/N	Medical Conditions	Yes	No	If yes, please specify family member(s) affected & the relevant details
1.	Heart Disease / Heart Attack (before 55 years old for males and 65 years old for females)	□	□	
2.	High Blood Pressure	□	□	
3.	Blood Disease	□	□	
4.	Cancer	□	□	
5.	Mental Illness	□	□	
6.	Hepatitis	□	□	
7.	Death before 40 years old	□	□	
8.	Sudden Death / Sudden Cardiac Death	□	□	
9.	Genetic Disease	□	□	
10.	Others *(Specify):*	□	□	

D. ENDORSER'S DECLARATION (APPLICABLE TO ALL PRE-ENLISTEES/APPLICANTS/VOLUNTEERS UNDER THE AGE OF 21)

I understand that it is my responsibility to answer the above questions truthfully and declare, to the best of my knowledge, his/her medical history and medical conditions.

I understand that the Medical Classification Centre may access his/her medical records, strictly for the purpose of medical screening and classification.

Name of endorser

Relationship to pre-enlistee/applicant/volunteer

Signature of endorser

Date

E. SOCIAL HISTORY

S/N	Social History	Yes	No	If yes, please provide more details
1.	Do you have any medical / social / personal issues (e.g. homosexuality) that you wish to tell the Medical Officer in private?	□	□	
2.	Have you ever attempted suicide?	□	□	
3.	Do you have any tattoos?	□	□	
4.	Are you or your family suffering from financial difficulties?	□	□	
5.	Do you have relationship issues with family / girlfriend / others?	□	□	
6.	Do you have any history of drug abuse / glue sniffing?	□	□	

F. SMOKING HISTORY

I am a: □ Smoker □ Ex-smoker □ Non-smoker

If you are a smoker, please indicate the following:

- Number of cigarettes per day ____
- How long have you been smoking? ___ years ___ months

If you are an ex-smoker, please indicate the following:

- Number of cigarettes you used to smoke per day ___
- How long were you smoking for before you stopped? ___ years ___ months

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G. PERSONAL DECLARATION

I understand that it is my responsibility to answer the questions above truthfully and declare, to the best of my knowledge, my medical history and condition.

I understand that the Medical Classification Centre may access my medical records, strictly for the purpose of medical screening and classification.

Signature of pre-enlistee/applicant/volunteer Date

H. PERSONAL DECLARATION *(Applicable to pre-enlistees aged 21 years old and above)*

I declare that I am aged 21 years old and above and do not have an endorser who is familiar with my medical history.

Signature of pre-enlistee/applicant/volunteer Date