

AUTHORISATION FORM FOR OCCUPATIONAL HEALTH SERVICES

General Instructions		
<ol style="list-style-type: none"> 1. Each staff or student requesting OH services is to submit an authorisation form to their PI or Lab Supervisor or Head of Department for approval (one form per staff or student). 2. The staff or student should then submit the completed form to Occupational Health (OH) staff - Nurse Kim @ nursekim@nus.edu.sg, DID: 6516 7333 or Ms Goh Sha Wee @ oshgsw@nus.edu.sg, DID: 6601 1781. Upon receipt of the completed request form, OH staff will contact the applicants via phone or e-mail for appointment. 3. On the day of the appointment, the staff or student should bring relevant documents e.g. report of previous medical examination, record of vaccinations, Safety Data Sheets of hazardous substances, respirator or any other necessary supporting documents, if applicable. 4. Staff/Student also required to report the work-related injury/illness/exposure online soonest possible at https://www.nus.edu.sg/airs/report.aspx 		
<p><u>Our Address:</u> Office of Safety, Health & Environment Ventus (University Campus Infrastructure) 8 Kent Ridge Drive, #03-02, Singapore 119246. Tel: 66011781</p>	<p><u>Our Partner:</u> University Health Centre, 20 Lower Kent Ridge Road, Singapore 119080. Tel: 6776 1631</p> <p><u>Clinic Operating Hours:</u></p> <ul style="list-style-type: none"> o Tues, Wed and Thurs (8.30am – 12pm, 2pm – 5.30pm) 	
Section A: To Be Completed by Staff or Student Undergoing Medical Assessment or Treatment.		
<p>Total Number of Persons:</p> <p><i>*If more than 1 person, please attach the particulars of the Staff/Student in a separate sheet of paper if required.</i></p>		
Name:	Department/Program:	
NRIC/FIN:	DOB(dd/mm/yy):	
Contact No.	Matric No / Staff No.:	NUS Email Address:
<p>Please indicate your Occupational Category:</p> <p> <input type="checkbox"/> Undergraduate: <input type="checkbox"/> Graduate: <input type="checkbox"/> Research Staff <input type="checkbox"/> Administrative Staff </p>		
<p>Brief Description of Research (Please attach Material Safety Data Sheet of the Agent Used)</p> <p> <input type="checkbox"/> Working in BSL 2 laboratory <input type="checkbox"/> Research Diving <input type="checkbox"/> Others: <input type="checkbox"/> Working in BSL 2+ / 3 laboratory <input type="checkbox"/> Animal Care & Husbandry </p>		
<p>Please list hazardous agents which the staff or student will potentially exposed to:</p> <p> <input type="checkbox"/> Chemical: <input type="checkbox"/> Biological: <input type="checkbox"/> Animals <input type="checkbox"/> Others: <input type="checkbox"/> Radiation: <input type="checkbox"/> Noise <input type="checkbox"/> Ergonomics </p>		
<p>Medical assessment or treatment required:</p> <p> <input type="checkbox"/> Work-related injury, illness or exposures e.g. WICA, needlestick injuries, spills, ergonomics or air quality <input type="checkbox"/> Fitness to Work Medical Evaluation <input type="checkbox"/> Hepatitis B screening / Vaccinations / Post screening <input type="checkbox"/> Tetanus Vaccination <input type="checkbox"/> Other vaccination required (please specify): _____: <input type="checkbox"/> Medical examination for Ionizing radiation, R1 license application. Please download form from the website http://www.nea.gov.sg/services-forms/licences-permits-building-plan-clearances/radiation <input type="checkbox"/> Medical examination for laser / non-Ionizing radiation, N3 license application. Please download form from the website: http://www.nea.gov.sg/services-forms/licences-permits-building-plan-clearances/radiation <input type="checkbox"/> Statutory Medical Evaluation including audiometric testing, toxicological screening <input type="checkbox"/> Animal Work Medical Evaluation <input type="checkbox"/> Biosafety Work Medical Evaluation <input type="checkbox"/> Respirator Fit test, Spirometry and Fitness Evaluation <input type="checkbox"/> Diving Medical Evaluation <input type="checkbox"/> Investigations eg infectious disease, immunity, allergy test (please specify): _____ <input type="checkbox"/> Others (please specify): _____ </p>		

