# AUTHORIZATION FORM FOR OCCUPATIONAL HEALTH SERVICES

## General Instructions

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.

## Section A:
To Be Completed by Staff or Student Undergoing Medical Assessment or Treatment.

<table>
<thead>
<tr>
<th>Total Number of Persons:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If more than 1 person, please attach the particulars of the Staff/Student in a separate sheet of paper if required.</em></td>
</tr>
</tbody>
</table>

### Name:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department/Program:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NRIC/FIN:</th>
<th>DOB(dd/mm/yy):</th>
<th>Matric No / Staff No.:</th>
<th>NUS Email Address:</th>
</tr>
</thead>
</table>

### Please indicate your Occupational Category:

- [ ] Undergraduate
- [ ] Graduate
- [ ] Research Staff
- [ ] Administrative Staff

### Brief Description of Research (Please attach Material Safety Data Sheet of the Agent Used)

- [ ] Working in BSL 2 laboratory
- [ ] Working in BSL 2+/3 laboratory
- [ ] Research Diving
- [ ] Animal Care & Husbandry

### Please list hazardous agents which the staff or student will potentially exposed to:

- [ ] Chemical:
- [ ] Biological:
- [ ] Animals
- [ ] Radiation:
- [ ] Noise
- [ ] Ergonomics

### Medical assessment or treatment required:

- [ ] Work-related injury, illness or exposures e.g. WICA, needlestick injuries, spills, ergonomics or air quality
- [ ] Fitness to Work Medical Evaluation
- [ ] Hepatitis B screening / Vaccinations / Post screening
- [ ] Tetanus Vaccination
- [ ] Other vaccination required (please specify): __________________________
- [ ] Medical examination for Ionizing radiation, R1 license application. Please download form from the website [http://app2.nea.gov.sg/licenses.aspx](http://app2.nea.gov.sg/licenses.aspx)
- [ ] Statutory Medical Evaluation including audiometric testing, toxicological screening
- [ ] Animal Work Medical Evaluation
- [ ] Biosafety Work Medical Evaluation
- [ ] Respirator Fit test, Spirometry and Fitness Evaluation
- [ ] Diving Medical Evaluation
- [ ] Investigations eg infectious disease, immunity, allergy test (please specify): __________________________
- [ ] Others (please specify): __________________________

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**Our Address:**
Office of Safety, Health & Environment
Ventus (University Campus Infrastructure)
8 Kent Ridge Drive, #03-02, Singapore 119246. Tel: 66011781

**Our Partner:**
University Health Centre, 20 Lower Kent Ridge Road, Singapore 119080. Tel: 6776 1631

**Clinic Operating Hours:**
- Tues, Wed and Thurs (8.30am – 12pm, 2pm – 5.30pm)
### Section B: Reviewed by Faculty/Institute/Department* Safety and Health Officer (Optional as required by PI or Lab Supervisor)

The request for the above medical assessment/management is

- [ ] Approved
- [ ] Not Approved

_____________________________                                    ________________________                                   
__________________

Name of Safety & Health Officer  Signature  Date

### Section C: Approval by PI or Supervisor (PI endorsement is not needed for work-related injury or illness)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Department/Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact no:</td>
<td>Invoice Mailing Address:</td>
</tr>
<tr>
<td>NUS Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

The request for the above medical assessment/management is

- [ ] Approved
- [ ] Not Approved

We agree to undertake payment for the above medical assessment/management.

Signature of PI or Supervisor  Date

### BILLING PARTICULARS

(Please fill in particulars of the staff for which invoice is to be sent to – if different from PI or Lab Supervisor)

<table>
<thead>
<tr>
<th>Name:</th>
<th>NUS Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel:</td>
<td>Invoice Mailing Address:</td>
</tr>
</tbody>
</table>

*delete as appropriate