PRE-EMPLOYMENT MEDICAL REPORT FORM
FOR INDIVIDUALS WORKING IN EARLY CHILDHOOD DEVELOPMENT CENTRE, INCLUDING STAFF[1] AND THIRD PARTY EDUCATION SERVICE PROVIDERS[2]

[1] Staff refer to all local and foreign staff employed in centres licensed by the Early Childhood Development Agency (ECDA) such as educators, assistant educators, principals, programme helpers, cooks, cleaners, and any member of the licensee's staff (eg administrative/HQ staff).

[2] Third party education service providers refer to enrichment vendors, relief staff, interns, researchers and all other individuals (e.g. those providing learning support such as Development Support and Learning Support (DS-LS) staff, Pro-FLAiR staff, speech therapists and psychologists) working directly with children in the centre.

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, f**or 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.

(5) Licensees are required to keep a copy of the third party education service provider's medical information (measles vaccination only) in the Centre during the period of their employment and produce it for inspection by ECDA upon request.

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[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)

[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 2nd dose of measles, mumps, and rubella (MMR) vaccine was introduced in children aged 11-12 years (Pri 6) in 1998.
[4] 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 THE INDIVIDUAL

A) PERSONAL PARTICULARS			
Name (as in NRIC) :		NRIC/FIN :	
Name of Centre :			
Date of Employment: (DD/MM/YYYY)		Designation :	

B) DECLARATION OF MEDICAL HISTORY

As individuals working in a Centre have close and direct contact with young children, the information below is required to assess your suitability to be deployed in the Centre. This is to safeguard the safety and well-being of children.

Please tick ✓ the appropriate box. If you indicate "Yes" to any illness from (1) to (3), please provide details in the box below. If space is insufficient, please attach an additional sheet of paper].

Type of Illness/Disease Have you ever been diagnosed with …	**YES**	**NO**	**NOT SURE**
1. *Psychiatric Conditions			
2. Epilepsy			
3. Tuberculosis			
4. Others (e.g. heart conditions): _____			

**Psychiatric conditions include but are not limited to depression, schizophrenia, bipolar disorder, etc. Individuals with existing psychiatric conditions need to get a letter from a medical practitioner to state that their mental health conditions are appropriately managed, and they are suitable to work in a preschool setting.*

Details (please indicate the date you were first diagnosed, whether you still require medical follow-up/ review, whether you are still on medication, date of recovery….etc)

C) DECLARATION OF DISEASES

Have you been infected, have evidence of immunity or vaccination against the following diseases? Please tick ✓ the appropriate box.

Disease	*YES. Been infected / vaccinated	NO. Not infected / vaccinated	NOT SURE	Exempted - SC/PRs born in Singapore and before 1/1/1975
1. *Measles				
2. Mumps				
3. Rubella (German measles)				
4. Varicella (chickenpox)				

***** *If you indicate 'Yes' for measles, please provide documentary evidence of immunity against measles 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.

ACKNOWLEDGED BY: *Please tick* ✓

☐ **I declare that the information provided is true and correct.**

Name	Signature	Date

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

[Please tick ✓ the appropriate boxes]

A. Types of Tests	**Normal**	**Abnormal**	**If abnormal, please give brief details**
1. General Physical Examination			
2. Chest X-Ray			

B. Types of Serological Tests *(Please tick ✓ the appropriate boxes)*	**Positive**	**Negative**	**Not Applicable**
i) Measles			
ii) Mumps			
iii) Rubella (German measles)			
iv) Varicella (chickenpox)			

C. Types of Vaccinations given

(Note : exemption from measles needs documentary evidence of vaccination, laboratory confirmation of infection or immunity against measles)

	Date	**Not Applicable**
i) MMR (1st dose)		
ii) MMR (2nd dose)		
iii) Varicella (chickenpox) (1st dose)		
iv) Varicella (chickenpox) (2nd dose)		

D. Other Relevant Findings

E. CERTIFICATION BY EXAMINING DOCTOR

I have examined

(Name and NRIC of individual)

and my findings are as recorded above. In my assessment, this individual 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 the individual has taken 1 dose of MMR)

2nd MMR dose is scheduled on _____.

☐ UNFIT

for employment in an Early Childhood Development Centre (ECDC).

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 individuals who are undergoing the 2nd dose of MMR vaccination)

This is to certify that _____ has received the 2nd dose
(Name and NRIC of individual)

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).*

Note for Third Party Education Service Provider:
After you have completed the 2 doses of Measles (MMR) vaccination, ***please submit a copy of Part F of the form to the ECDC.***

For enquiries, please write to Regulation and Licensing, Early Childhood Development Agency at Contact@ecda.gov.sg or call our hotline at Tel: 6735 9213.