

AUTHORISATION FORM - OCCUPATIONAL HEALTH SERVICES IN NUS

1. Each staff/student requesting OH services is to submit an authorisation form to their PI or Lab Supervisor or HOD for approval.
2. The staff/student should make an appointment with the Occupational Health Clinic. For vaccinations and form submission, there is no need to make any appointment.
3. Please inform the Occupational Health Clinic if you cannot make it for your appointment. Repeat defaults will be recorded.
4. On the day of the appointment, the staff/student should bring the signed Authorisation Form and any other relevant documents e.g. Safety Data Sheets. The staff/student may be required to make payment and then obtain reimbursement by PI or Department.
5. Staff/Student is required to report the work-related injury/illness/exposure online within 24 hours at <https://www.nus.edu.sg/airs/report.aspx>

Our Address

The Occupational and Diving Medicine Centre (OH Clinic)
Basement of University Health Centre (Next to Dental Clinic)
20 Lower Kent Ridge Road Singapore 119080.

Clinic Operating Hours

Mon – Fri 8.30am – 12.30pm, 2pm – 5.30pm

Physician consultations will be by appointment basis.

Queries/Appointments

Ms Goh Sha Wee @ goh.shawee@nus.edu.sg DID: 6601 1781

Nurse Kim @ nursekim@nus.edu.sg DID: 6516 7333

Particulars of Staff/Student

Total number of Staff/Students:

Name of Staff/Student:

Department:

NRIC/FIN:

DOB (dd/mm/yy):

Mobile no.:

NUS Staff no. / Matric no.:

NUS Email Address:

(Please use separate sheet for names if insufficient space)

Medical assessment or treatment required:

- Work-related injury, illness or exposures
- (Please circle) Pre-employment / Pre-placement / Pre-admission / Periodic / Fitness to Work Medical Evaluation
- Statutory Medical Evaluation (please specify health hazard):

- Respirator Fit test, Spirometry and Fitness Evaluation
- Investigations eg. TB testing, allergy test (please specify):

- Medical evaluation & investigations/vaccinations (if required) – BSL3 / Animal Husbandry / Animal Work / BSL2 Work / SDE / Chemotherapeutic drugs / Others: _____

- Hepatitis B screening / Vaccinations / Post screening
- Tetanus Vaccination
- Other vaccination (please specify): _____
- Diving Medical Evaluation
- Medical examination for Ionizing radiation license application. Please download form from <http://www.nea.gov.sg/services-forms/licences-permits-building-plan-clearances/radiation>
- Medical examination for laser license application. Please download form from <http://www.nea.gov.sg/services-forms/licences-permits-building-plan-clearances/radiation>
- Others (please specify): _____

Approval by PI/Safety Officer/Department

(Optional) Name of Safety & Health Officer:

The request for the above medical assessment/management is Approved

Not Approved

Name of PI / Supervisor:

PI / Supervisor Contact no:

PI NUS Email Address:

The request for the above medical assessment/management is Approved

Not Approved

We agree to undertake payment for the above Occupational Health services.

Signature of PI or Supervisor or Authorised Person

Date

BILLING PARTICULARS

Attention To: _____ **Contact Email/Telephone:** _____

Billing Address: _____