

**Part 1: Personal Particulars of Applicants** 

## Joint Accreditation Committee (C&S) C/o Institution of Engineers, Singapore 70 Bukit Tinggi Road, Singapore, 289758 Tel. 6469 5000



## Medical Examination Report on Fitness to work as Resident Engineer / Resident Technical Officer

Name:						
NRIC/ FIN:				RTO Reg		
Date of Birth:			Con	tact Num	ber:	
Part 2	2: Medical	History (To be completed by Me	dical	Practitio	ner <sup>1</sup>	only)
	Do you have	e any history of or suffering from:	Yes	No		Remarks from Medical Practioner
1	Mental trouble					
2	Limb movement and co-ordination					
3	Heart Disease, weak or strained heart					
4	Physical Disability					
5	Eye trouble of any kind eg. Difficulties in seeing in the dark					
6	Colour Blind	ness				
7	Deafness					
8	Asthma					
9		dergone any surgical operations ast twelve (12) months				
10	Any illness o	r injuries not mentioned above				
Part 3	3: Applican	t's Declaration				
I hereb	y declare tha	t all information provided above is true	on Con	nmittee o	f The I	est of my belief. I hereby give consent that a copy of nstitution of Engineers, Singapore (IES) & Association cation of C&S RE/RTO.
Signature of Applicant					Date	
Part 4	: Medical	Practitioner's Declaration				
		examined the above-named applicant for pyment in the above-stated occupation		ns stated	in Part	2 (Medical History) and found that this person is *
Sig	Signature of Medical Practitioner				Date	
N	lame of Medi	ical Practitioner				

<sup>\*</sup> Please circle where applicable

<sup>&</sup>lt;sup>1</sup>The Medical Practitioner must be a Singapore registered medical practitioner under the Medical Registration Act Chapter 174.