

**PRE-EMPLOYMENT MEDICAL REPORT FORM
FOR PLAYGROUP STAFF TEACHING IN COMMUNITY CENTRES /
CLUBS AND RESIDENTS' COMMITTEE / RESIDENTS' NETWORK
CENTRES**

1 NOTICE TO PLAYGROUP OPERATOR (EMPLOYER)

1.1 The People's Association (PA) 'Health, Hygiene and Safety Standards for Playgroup Programmes' states that:

- (a) All teaching staff and caregivers must undergo a basic medical examination to certify that they are physically fit for employment **before** they are allowed to conduct playgroup programmes.
- (b) In line with Ministry of Health (MOH)'s infection control guidelines, annual influenza vaccination is recommended for all teaching staff and caregivers of children aged five years and below. This is to reduce the likelihood of influenza transmission from staff to children.
- (c) Preparation of food is **not allowed** for playgroup programme.

1.2 A copy of this form (completed) for all teaching staff and caregivers must be maintained for verification and inspection, when required.

1.3 PA Operator is fully responsible for any acts and omissions of the Deployed Staff and all its employees, agents and other persons deployed by it in connection with or arising out of the Professional Standards And Guidelines For PA Trainers and Private Operators (PSGs) or the Terms & Conditions for Private Operators or Service Agreement(s).

2 PERSONAL PARTICULARS OF THE PLAYGROUP STAFF

Name (as in NRIC):	
NRIC No. / FIN:	
Name of Playgroup Operator and Centre:	
Date of Employment (DD/MM/YYYY):	Designation:

3 DECLARATION OF MEDICAL HISTORY (BY THE PLAYGROUP STAFF)

[Please tick (✓) the appropriate box]. If "Yes", please give details on a separate sheet of paper.]

No.	Type of Illness	Yes	No	No.	Has been infected before?	Ye s	No
1	Mental Illness			1	Measles		
2	Epilepsy			2	Mumps		
3	Tuberculosis			3	Rubella (German Measles)		
				4	Varicella (Chicken Pox)		
Others (To specify):				Others (To specify):			
_____				_____			

4 DECLARATION OF IMMUNISATION TAKEN

Documentary proof of vaccination to be provided if available. [Please tick (✓) the appropriate box.]

No.	Types of Immunisation Taken	Yes	No
1	Measles Immunisation		
2	Mumps Immunisation		
3	Rubella (German Measles) Immunisation		
4	Varicella (Chicken Pox) Immunisation		

5 DECLARATION OF IMMUNISATION TAKEN

A blood test (for antibodies) is required for staff who **had not been infected** with Measles, Mumps, Rubella (German Measles) and Varicella (Chicken Pox) or who has not been immunised for these diseases. Staff who wish to receive vaccination without undergoing serological blood test may choose to do so.

[Please tick ✓ the appropriate box.]

I have taken a serological test which shows that I have immunity against measles, mumps, rubella and varicella.

I have taken a serological test and has since been vaccinated against measles, mumps, rubella and varicella for which the serological test shows I have no immunity against.

6. PLAYGROUP STAFF'S DECLARATION

I declare that all the information given above is true and correct.

Name and Signature of Playgroup Staff

Date (DD/MM/YYYY)

7 MEDICAL REPORT (TO BE COMPLETED BY THE EXAMINING DOCTOR)

[Please tick (✓) the appropriate box.]

7.1 Types of Tests

No.	Types of Tests	Normal	Abnormal	If abnormal, give brief details
1	General Physical Examination			
2	Chest X-ray			
		Positive	Negative	Remarks
3	Blood Test (for antibodies) a) Measles b) Mumps c) Rubella (German Measles) d) Varicella (Chicken Pox)			

7.2 Vaccination Given

Type of Immunisation Given	Date (DD/MM/YYYY)
MMR Vaccination (1 st Dose)	
MMR Vaccination (2 nd Dose)	
Varicella (Chicken Pox) (1 st Dose)	
Varicella (Chicken Pox) (2 nd Dose)	

Annual influenza vaccination is recommended for playgroup staff who are caregivers of children age five years and below:

Last Influenza vaccination given on (DD/MM/YYYY) : _____

Influenza vaccination given on: (DD/MM/YYYY) : _____

7.3 Other Relevant Findings

8 CERTIFICATION BY EXAMINING DOCTOR

I certify that I have examined _____
(Name and NRIC No.)

and my findings are as recorded above. In my assessment, this person is

***FIT** (this includes being found free from active tuberculosis and satisfying the requirements against measles, mumps, rubella and varicella as stated in Section 7 above)

***UNFIT**

for employment by the playgroup operator to conduct playgroup programmes.

****Delete accordingly.***

Name of Examining Doctor (in Block Letters):	
Name, Address and Telephone Number of Clinic:	
Signature:	Date (DD/MM/YYYY):