

## 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.
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](mailto:goh.shawee@nus.edu.sg) DID: 6601 1781  
Nurse Kim @ [nursekim@nus.edu.sg](mailto:nursekim@nus.edu.sg) DID: 6516 7333

**Particulars of Staff/Student** (Please use separate sheet for names if insufficient space)

Total number of Staff/Students: 1

Department:

Faculty/School/Research Institution or Centre: Mechanobiology Institute

Name of Staff/Student:

NRIC/FIN:

DOB (dd/mm/yy):

Mobile no.:

NUS Staff no. / Matric no.:

NUS Email Address:

Declaration: I declare the OH Services requested below is resulting from my research/work-related/education activities (Signature): \_\_\_\_\_

**Medical assessment or treatment required:**

- Work-related injury, illness or exposures
- Fitness to Work Medical Evaluation
- WHMQ (Work Health Medical Questionnaire) Evaluation
- Statutory Medical Evaluation (please specify health hazard):  
\_\_\_\_\_
- Respirator Fit test, Spirometry, ECG and Fitness Evaluation
- Investigations eg. TB testing, allergy test (please specify):  
\_\_\_\_\_
- Medical evaluation & investigations/vaccinations (if required) – BSL3 / Animal Husbandry / Animal Research / 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): \_\_\_\_\_

**Name of MBI Microscopy Core Staff: LAU Wai Han****Name of MBI Microscopy Core Staff: LAU Wai Han**The request for the above medical assessment/management is  Supported Not Supported (Reason: \_\_\_\_\_)

Signature of MBI Microscopy Core – LAU Wai Han

Date

Name of PI / Supervisor:

Department :

Faculty/School/Research Institution or Centre (where research fund is managed) :

PI / Supervisor Contact no:

PI NUS Email Address:

The request for the above OH services is  Verified & Approved\* Not Approved

Signature of PI or Supervisor or Authorised Person

Date

\*it is needed to fulfil the requirements as stipulated in the NUS OH Programme ( <https://inetapps.nus.edu.sg/osh/portal/oh/intro.html> )

**Billing Process: University Health Clinic will bill Faculty/School/Research Institution or Centre on a monthly basis through the Indirect Research Cost (IRC) or Dept OOE.**

Mechanobiology Institute, Level 10, T-lab, 5A Engineering Drive 1, Singapore 117411 (Attention to: LAU Wai Han)

Contact Email/Telphone: [mbilwh@nus.edu.sg](mailto:mbilwh@nus.edu.sg)/ 66011278