

SINGAPORE BIBLE COLLEGE

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MEDICAL EXAMINER'S REPORT

To the Medical Examiner:

Name of Applicant: _____ Date of Birth: _____ Male/Female

NRIC / Passport No : _____

I, the undersigned, certify to the applicant's present physical condition as follows:

General health, vitality and endurance:		
Heart:	Lungs:	
Blood pressure:	Digestive system:	
Nervous system:	Genito-urinary system:	
Musculo-skeletal system:		
Physical deformity (if any):		
Ears:	Eyes:	Nose:
Throat:	Sinus:	Teeth:
Urine: Albumin -	Sugar:	Microscopic:
X-ray chest:		

Is the above applicant physically fit for physical activity such as basketball, jogging? Yes No

Is the above applicant physically & psychologically fit for tertiary level academic studies? Yes No

Is the above applicant suitable living on campus where health is concerned? Yes No

Comments: _____

Name of Medical Examiner: _____ (M.D.) Clinic Stamp : _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____