

PRE-EMPLOYMENT MEDICAL TESTS FOR ALL STAFF WORKING IN CHILD CARE CENTRES

(pls refer to attached pre-employment medical form)

A) SELF DECLARATION OF MEDICAL HISTORY

- Mental Illness
- Epilepsy
- Tuberculosis

B) SELF DECLARATION OF INFECTION OF DISEASES

- Measles
- Rubella (German Measles)
- Varicella (Chicken Pox)

*Staff must declare whether they had contracted any of the above diseases or had taken immunization for any of the diseases (refer to NCIP below)

*If staff has never contracted / not immunized against any of the diseases, staff may choose to undergo a blood test for antibodies. The result will determine whether the staff needs to take the necessary immunizations.

*Staff who wish to receive immunization without undergoing blood test may choose to do so.

C) MEDICAL EXAMINATION BY DOCTOR

- General Examination
- Chest X-Ray
- Doctor's letter to certify staff is fit for employment in a child care centre and free from active tuberculosis

D) COMPULSORY FOR ALL STAFF ABOVE 45 YEARS OLD

- Chest X-ray once every 3 years

Birth cohorts immunised under the National Childhood Immunization Programme (NCIP)

<i>Birth cohorts immunized against measles</i>		<i>Birth cohorts immunized against rubella (german measles)</i>	
<i>1973 and before</i>	<i>No</i>	<i>1963 and before</i>	<i>No</i>
<i>1974 to 1985</i>	<i>Yes (1 dose)</i>	<i>1964 onwards (females)</i>	<i>Yes (1 dose)</i>
<i>1986 onwards</i>	<i>Yes (2 doses)</i>	<i>1970 onwards (males & females)</i>	<i>Yes (1 dose)</i>
		<i>1986 onwards</i>	<i>Yes (2 doses)</i>

****Note: Varicella(chicken pox) and typhoid vaccination are not included in the NCIP. Please note that the introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.****

PRE-EMPLOYMENT MEDICAL REPORT FORM FOR CHILD CARE CENTRE STAFF

A. NOTES TO EMPLOYER

1. Regulation 14 of the Child Care Centres Regulations (Ch 37A) states that :

14 (1) No licensee shall employ any person as a member of the staff of a child care centre unless that person –

(a) has undergone a medical examination and a chest X-ray;

(b) has been certified to be fit to work and free from active tuberculosis by a registered medical practitioner; and;

(c) has provided a written declaration to the licensee that –

(i) the person has received vaccination against measles, rubella and varicella; or

(ii) the person has taken a serological test and has since been vaccinated against the diseases for which the serological test shows he has no immunity against....

*** Please note that staff who have been infected with measles, rubella(german measles) and varicella (chicken pox) are **not required** to undertake the serological blood test or received immunization for these diseases. Staff who wish to receive immunization without undergoing serological blood test may choose to do so.*

(2) “All staff over the age of 45 years shall undergo a chest x-ray once every three years.”

(3) Any person engaged or employed to prepare food in a licensed child care centre -

(a) shall undergo a medical examination as specified in paragraph (1) before such engagement or employment;.....

(c) shall, before such engagement or employment, attend and successfully complete such course on basic food hygiene as may be approved by the Director.

2. Child Care Licensees must ensure that the staff they employ undergo a necessary pre-employment medical examination and be certified to be fit to work in a child care centre by a registered medical practitioner. In addition, the staff is also required to declare their immunization and health history.

3. Please arrange for your staff to undergo the medical examination and keep a copy of this report in your centre for inspection by ECDA's officers at all times. You are also required to update the staff's medical information in the Child Care Link System (CCLS) within 28 days of his/her commencement of employment or any change, if necessary.

B. IMPORTANT NOTES

1. Regulation 41A & 43 of the Child Care Centres Regulations (Ch 37A) state :

41 (A) - No person shall furnish false information, or fail to furnish information which is required to be furnished, in connection with any application for the issue or renewal of a licence or for employment as staff in a child care centre.

43 - Any person who contravenes or fails to comply with any of the provisions of these Regulations shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$2,000 and in the case of a continuing offence to a further fine not exceeding \$50 for every day during which the offence continues after conviction.

C. GENERAL INFORMATION

Birth cohorts immunised under the National Childhood Immunization Programme (NCIP)

Birth cohorts immunized against measles		Birth cohorts immunized against rubella (german measles)	
1973 and before	No	1963 and before	No
1974 to 1985	Yes (1 dose)	1964 onwards (females)	Yes (1 dose)
1986 onwards	Yes (2 doses)	1970 onwards (males & females)	Yes (1 dose)
		1986 onwards	Yes (2 doses)

**Note: Varicella(chicken pox) and typhoid vaccination are not included in the NCIP. Please note that the introduction of vaccination in a country does not imply vaccination for all persons in that age group, especially if the vaccination coverage was low in its earlier or subsequent years.”

PART I : TO BE COMPLETED BY CHILD CARE CENTRE STAFF

STAFF'S PARTICULARS

Name (as in NRIC) : _____ NRIC No/UIN: _____

Name of Child Care Centre : _____

Date of Employment : _____ Designation: _____
(DD/MM/YYYY)

DECLARATION OF MEDICAL HISTORY

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

Type of Illness / Disease	Yes	No
1. Mental illness		
2. Epilepsy		
3. Tuberculosis		
4. Others (to specify) :		

DECLARATION OF INFECTION OF DISEASES (Please indicate Yes / No)

Had Been Infected before	Yes	No
1. Measles		
2. Rubella (german measles)		
3. Varicella (chicken pox)		

DECLARATION OF IMMUNIZATION TAKEN (Please indicate Yes / No)

Documentary proof of vaccination to be provided if available

Type of Immunization Taken	Yes	No
1. Measles Immunization		
2. Rubella (german measles) Immunization		
3. Varicella (chicken pox) Immunization		

DECLARED BY :

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

Signature of Child Care Centre Staff

Date

PART II. MEDICAL REPORT (TO BE COMPLETED BY THE EXAMINING DOCTOR)

[Please tick the appropriate box]

A. TYPES OF TESTS

Types of Tests	Normal	Abnormal	If abnormal, please give brief details
1. General Physical Examination			
2. Chest X-Ray			

A blood test (for antibodies) is required for staff who had not been infected with Measles, Rubella (german measles) and Varicella (chicken pox) or who has not been immunized for these diseases. Staff who wish to receive immunization without undergoing serological blood test may choose to do so.

Types of Blood Tests	Positive	Negative
3. Blood Tests (for antibodies)		
- Measles		
- Rubella (german measles)		
- Varicella (chicken pox)		

B. VACCINATION GIVEN

Type of Immunization given	Date
MMR Vaccination (1 st dose)	
MMR Vaccination (2 nd dose)	
Varicella (chicken pox) (1st dose)	
Varicella (chicken pox) (2 nd dose)	

C. OTHER RELEVANT FINDINGS

D. CERTIFICATION BY EXAMINING DOCTOR

I certify that I have examined _____ (Name and NRIC of centre staff) and my findings are as recorded above.

In my opinion, this person is free not free from active tuberculosis and
(pls tick one)

FIT **UNFIT** for employment in a child care centre.
(pls tick one)

Name of Examining Doctor (in Block Letters) : _____

Name and Address of Clinic : _____

Signature : _____

Date : _____

Tel No : _____

For enquiry, please call the Child Care Licensing, Early Childhood Development Agency at 6735 9213