



IMMUNISATION & MASK RECORD FORM

1. To prevent any possibility of risk to patients, staff and visitors, National Heart Centre Singapore requires evidence of immunity and health screening for the infectious diseases shown in the table below.
2. **Applicant shall be responsible to obtain the required vaccinations or tests at his/her own expense.**
3. Applicants should visit a clinic to have a certified physician to **interpret your medical records and issue a memo** containing the following details:
 - **Applicant’s Full name (as shown in NRIC/Passport)**
 - **NRIC/Foreign Identification Number**
 - **Date of birth**
 - **List of vaccinations, includes the vaccine name and batch/lot number if applicable (refer to Table A below)**
 - **Serology tests (refer to Table A below)**
 - **Dates taken for each vaccination and serology test**
 - **Name and designation of the endorsing physician**

Applicant Name (as in NRIC / Passport):	Attachment period: (subject to confirmation by Department)
Date of Birth (dd/mm/yyyy):	NRIC / FIN / Passport No:

TABLE A: IMMUNISATION REQUIREMENTS

1. Hepatitis B Screening	3 doses of vaccination AND serological evidence of immunity with anti-HBs concentrations of ≥10 mIU/mL
2. Measles, Mumps and Rubella (MMR)	2 doses of vaccination for all 3 diseases OR Serological evidence of immunity of all 3 diseases (Rubella ≥10 IU/L)
3. Varicella (VZV)	2 doses of vaccination OR Serological evidence of immunity
4. Tetanus, Diphtheria and Pertussis (TDap)	Vaccination taken in the last 10 years. Vaccination has to be valid throughout the attachment period
5. COVID-19 Vaccination (WHO-EUL approved listing)	Vaccination details
6. Influenza – latest strain (if available)	Vaccination details

N95 MASK SIZE (if applicable)

<input type="checkbox"/> 3M 1860 Small	<input type="checkbox"/> 3M 1860 Regular	<input type="checkbox"/> 3M 1870+ Aura
<input type="checkbox"/> Innospark Air+ Medium	<input type="checkbox"/> Innospark Air+ Large	<input type="checkbox"/> BYD DE2322
<input type="checkbox"/> Others: _____		<input type="checkbox"/> No, I have not mask fit before

For local applicant, I give consent for NHCS to upload and access my vaccination records and serology test results in Staff Health Surveillance System (S3).

I agree that my application will be held in abeyance if I failed to meet the immunisation requirements.

Applicant’s signature and date: _____