



MEDICAL REPORT FORM FOR SCAFFOLD SUPERVISOR/ERECTOR

This form is to be completed by a
Singapore Registered Medical Practitioner

Notes to Examining Doctor

1. The Person is applying to be a registered scaffold supervisor/erector with the Ministry of Manpower, Occupational Safety and Health Division. One of the Terms and Conditions stated is that any applicant above the age of 60 years old or if required by the Commissioner for Workplace Safety and Health, must undergo certification by a registered medical practitioner.
2. As a scaffold supervisor/erector, the applicant must have a vision of at least 6/12 in both eyes with or without glasses, so as to facilitate him in carrying out his duties safely.
3. The applicant must not be suffering from any form of deafness as his duties rely heavily on communicating with other workers.
4. In the case of scaffold supervisor/erector, the applicant would be required to climb as high as 30 metres or more above ground for the work of installation, repair, alteration or dismantling of scaffold.

Name : _____ ID No. : _____

Age : _____ Sex : _____ Race : _____

Medical History

	Yes	No	Remarks
1 Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Drug & Alcohol Intake	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doctor's Findings

		Normal	Abnormal	
1	Urine: Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Ability to hear normal conversation	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Vision: R	<input type="checkbox"/>	<input type="checkbox"/>	_____
	L	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Cardio-Vascular System:			_____
	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Pulse Rate	<input type="checkbox"/>	<input type="checkbox"/>	_____
	ECG	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Respiratory System:			_____
	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Respiratory rate	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Musculo-Skeletal System:			_____
	Spinal deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Limb amputation or deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Limb movement & co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Mental State :	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Any other observation :			_____

I certify that I have examined the abovenamed person and found that he is ***fit / unfit** to be a scaffold supervisor/erector.

_____ Name & Address of Clinic / Hospital	_____ Date	_____ Name & Signature of Examining Doctor
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*** Please indicate result**