

## **\*\*Note to Medical Examiner\*\***

**on filling up NUS Worker Health Management Questionnaire (WHMQ) with an example**

### **Medical-in-Confidence**

## **NUS Worker Health Management Questionnaire (WHMQ)**

Dear Medical Examiner,

The National University of Singapore (NUS) is committed to ensuring a safe and healthy work environment for all staff. The information here serves to provide guidance for the medical examiner reviewing this form. The examinee should provide accurate information about his/her health condition.

**Section A** is for the examinee to provide his/her particulars. An example is given below:

<b>SECTION A - PERSONAL INFORMATION</b>		
Name: <b>XYZ</b>		NRIC/Passport No./FIN: <b>S1234567X</b>
Mobile number: <b>+65 12345678</b>	Date of birth: <b>01/01/92</b>	Age (at last birthday): <b>29</b>
Gender: <b>Male / Female</b>	Height (cm): <b>160</b>	Weight (kg): <b>60</b>
Nationality: <b>Singapore</b>	Singapore PR: <b>Yes/ No</b>	Race: <b>Malay</b>
Email Address: <b>xyz@gmail.com</b>		Smoker: <b>Yes / No</b>
Department hired in NUS (as per Letter of Appointment): <b>Dept of Bio Sci</b>		Job Title (as per Letter of Appointment): <b>Research Fellow</b>

**Section B** is for the examinee to provide his/her medical history. It should have the necessary details to understand the examinee's health status and correlate this with the job description in **Section C**. This is to ensure supervisors provide a conducive work environment that addresses individual health factors. **Section D** is for the examinee to declare that the information provided is true and accurate. An example is given below:

<b>SECTION B – MEDICAL HISTORY TO BE COMPLETED BY APPLICANT</b>	<b>Y</b>	<b>N</b>	<b>Please specify / provide details (condition, type of treatment, complications, etc.)</b>
1. Have you ever been prescribed medications or hospitalised for the following conditions: <input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood Pressure <input checked="" type="checkbox"/> High Cholesterol <input type="checkbox"/> Stroke <input type="checkbox"/> Heart disease <input type="checkbox"/> Chronic lung conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>On diet control and exercise</b>
2. Are you currently on medications for asthma or have any past history of severe asthma attack?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Childhood asthma in the past</b>

3. Have you ever had any work-related health condition, e.g. noise-induced deafness, work-related back and/or musculoskeletal problems or occupational skin diseases?		✓				
4. Have you ever had any painful and/or swollen joints, back problems or surgeries for past fractures?	✓		<b>Back pain</b>			
5. Do you have any other significant medical conditions e.g. past surgeries, Hepatitis B/C, severe allergic reactions, etc.?	✓		<b>Allergy to ibuprofen</b>			
<b>SECTION C - NATURE OF WORK ACTIVITIES</b> (please tick accordingly)						
Research / teaching laboratory work <input checked="" type="checkbox"/> Chemical <input checked="" type="checkbox"/> Biological <input type="checkbox"/> Radiation <input type="checkbox"/> Animal work <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Working with machines and tools (e.g. in workshops, etc.)					
<input checked="" type="checkbox"/> Office (deskbound/clerical) work	<input type="checkbox"/> Security Officer duties					
<input type="checkbox"/> Physical labour (lifting, carrying of equipment or other heavy load, work at heights, confined space, etc.)	<input type="checkbox"/> Conducting surveys in hazardous environments (e.g. construction sites, plant rooms, etc.)					
<input type="checkbox"/> Field Work (e.g. mountain climbing/diving/jungle trekking, etc.)	<input type="checkbox"/> Other official duties (e.g. vocational driving, etc.) (please specify): _____					
<b>SECTION D - EMPLOYEE DECLARATION &amp; CONSENT</b>						
By submitting this form, I consent to my attending doctor to disclose to the National University of Singapore any medical history the doctor assesses to be relevant to my work.						
Signature: <b>XYZ</b>		Date: <b>23/06/2023</b>				

Based on the information provided together with the outcome of the physical examination and investigations, the medical examiner may wish to recommend certain adjustments to work practices to the NUS hiring officer or even a review by the occupational medicine specialist at the NUS Occupational Health Clinic, if the applicant is in Singapore. The decision should be documented on the **NUS Medical Report**. The medical examiner can also document any comments or recommendations for further review by the NUS Occupational Health Clinic specialist. The NUS hiring officer will review the form and take further action if necessary.

Thank you.

Dr Peck Thian Guan, PhD  
 Acting Chief Risk Officer  
 Office of Risk Management and Compliance  
 National University of Singapore