SINGAPORE POLICE FORCE
SAFEGUARDING EVERY DAY

Police Regulatory Department
391 New Bridge Road, #02-701
Police Cantonment Complex
Singapore 088762
Tel +65 6865 0000
www.police.gov.sg

GUNS, EXPLOSIVES AND WEAPONS CONTROL ACT 2021
MEDICAL EXAMINATION FORM FOR GUN LICENCE APPLICATION

PART A – Particulars of Applicant

Application / Licence No:			
Name of Applicant:		NRIC / FIN No:	
Date of Birth:		Contact Number:	
Address:			

PART B – To be Completed by Medical Practitioner

The Medical Practitioner is to ask the applicant on the following questions regarding his medical history. The Medical Practitioner will then tick ✓ in the appropriate box for "Yes" or "No" based on the response and provide remarks where necessary.

	Mark '✓' in appropriate column for 'YES' or 'No'		
Have you any history of or are you suffering from:	Yes	No	Medical Examiner's Remarks
1. Nervous or mental trouble			
2. Severe headache or migraine			
3. Fits or convulsion of any kind			
4. Fainting attacks or giddiness			
5. Head injury or concussion			
6. Eye trouble of any kind			
7. Colour blindness			
8. Difficulty in seeing in the dark			
9. Deafness			
10. Asthma			
11. Heart Disease, weak or strained heart			
12. Palpitations or breathlessness			
13. Physical or mental disability			
14. Have you undergone any surgical operations			
15. Any illness or injuries not mentioned above			

I hereby declare that I have carefully considered the statements made above and that to do the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information, made any misleading statements, and I give my consent to the examining or assessing Medical Practitioner to communicate with my physician who has attended to me.

Signature of Applicant: _____ Signature of Medical Practitioner: _____

Date: _____ Name of Medical Practitioner: _____

Name of Applicant: _____ Application / Licence No: _____

PART C – General Medical Examination (To be Completed by Medical Practitioner)
Please tick ✓ in the appropriate box for "Yes" or "No" and provide remarks where necessary.

			Mark '✓' in appropriate column for 'YES' or 'No'		
			Yes	No	Medical Examiner's Remarks
1.	Any deformities and/or physical disabilities observed				
2.	Any evidence of wounds injuries or operations				
3.	Any abnormality of movement of the joints				
4.	Any evidence of abnormality of the nervous system				
5.	Any evidence of psychiatric disorder				
6.	Heart: Any evidence of abnormality of the cardio-vascular system				
7.	Any defect of hearing				
8.	Does the applicant show any evidence of being addicted to the excessive use of alcohol or drug				
9.	Is there defect of visions, including colour visions				
	Do you consider applicant should wear glasses when using gun?				
	Visual Acuity for distance:	Without / With* glasses	RE:		LE:
	Near Vision:	Without / With* glasses	RE:		LE:
10.	Blood pressure:	Systolic:		Diastolic:	
	Are the blood pressure readings normal with regards to the applicant's age?				

Note: The Standard of acuity of vision considered unsatisfactory if it is below 6/12 with one eye and 6/36 the other eye, with or without optical aid.

11. Additional Remarks by the Medical Practitioner:

PART D – Overall Result of Medical Examination (To be Completed by Medical Practitioner)

12. I certify that I have this day examined and identified the applicant named on page 1. He/She* has shown me his/her Identity Card which bears the same name given on this form. The answers to the questions above are correct to the best of my knowledge and belief. From my observations and medical examination, I find the applicant physically and medically

***FIT / UNFIT**

to handle gun(s) for which he/she is seeking a new licence or renewal of an existing licence.

Signature:		Date:	
Name of Medical Practitioner		Contact No:	
Name and Address of Hospital / Clinic			

(*Delete where applicable)