

MEDICAL CERTIFICATION FOR SECURITY OFFICERS

PART I - Particulars of Security Officer

Full Name of Applicant:		Sex:
NRIC No./Fin No.		
Date of Birth		Current Age :
Contact Number(s):	HP:	Home:
Address:		

PART II - Medical History (To be completed by Security Officer)

The Security Officer shall tick “✓” in the appropriate box for “Yes” or “No” based on his known conditions.

	Yes	No	
1. Hypertension, Diabetes, Heart Disease, High Cholesterol, or Severe Asthma.			
2. Chest pain, difficulty breathing or dizziness at rest or on exertion.			
3. Epilepsy, fits, giddiness, fainting spells, stroke, migraine, persistent headaches, problems with vision or hearing or any other neurological condition.			
4. Arthritis, back injury, persistent back pain, previous fractures, difficulty walking over long distances, difficulty standing over long periods of time and/or any other musculoskeletal disorder.			
5. Insomnia, difficulty with sleeping, difficulty coping with shift work pattern, alcoholism and/or any other psychiatric condition.			
6. HIV, Aids, Hepatitis B, Tuberculosis or any other infectious diseases.			
7. Have you been prescribed with any long term medication for a condition not described above? If so, please state the name of the medication.			

I hereby declare that the information I have provided above is factual and complete. I further declare that I have not withheld any relevant information or made any misleading statement.

Date: _____

Signature of Applicant: _____

PART III – General Medical Examination (To be completed by Medical Practitioner only)

Please tick “✓” in the appropriate box for “Yes” or “No” and provide remarks where necessary.

		Yes	No	Medical Practitioner’s Remarks
1.	Any deformity and/or physical disability observed?			
2.	Any abnormality of movement of the joints? (Appropriate test; e.g. Straight Leg Raise ; should be conducted where clinically indicated)			
3.	Any evidence of Psychiatric Disorder?*			
4.	Any evidence of abnormality of the cardio-vascular system			
5.	Any hearing defect? (please indicate if the applicant requires a hearing aid)			
6.	Any evidence of alcohol or drug abuse?			
7.	Are the blood pressure readings normal, having regard to the Security Officer’s age?			
8.	Any evidence of color blindness or poor vision?			

*Medical practitioner may wish to interview the person examined, and based on the interview and observable behaviour, indicate whether the person displays any underlying psychiatric concerns.

Additional Remarks by the Medical Practitioner:

PART IV – Overall Result of Medical Examination (To be completed by Medical Practitioner only)

14. I have examined the Security Officer named in page 1 and certify that, for the purpose of carrying out the duties of a Security Officer, he/she is:.

- FIT**
 FIT - with the following limitations : (specify) _____
 UNFIT

Name of Medical Practitioner:	Contact Number:
Name of hospital / clinic:	
Signature:	Date:

PART V – SO Job Requirements (Reference for Medical Practitioner)

Job Functions	Requirements
Patrolling	Able to walk continuously without difficulty for up to 30 minutes
	Able to climb up stairs of up to 2 storeys without difficulty
Guarding and/or Access & Egress Control	Able to pass a Confrontational Visual Field Test & Visual Acuity Test performed by a medical practitioner <i>‘Confrontational’ test can be done in the GP clinic setting and doesn’t require specialist instrument</i>
	Does not suffer from Night OR Colour Blindness
Incident Response	Does not suffer from asthma
	Able to lift up to 6 kg load without difficulty (average weight of a standard fire extinguisher)
	Able to keep high/low blood pressure under control with medication