



WATER SERVICE PLUMBER LICENCE

Name of Applicant : _____ **NRIC No :** _____

Address : _____

Part A - To be completed by the Registered Medical Practitioner (RMP).

Questions to be put by the RMP to the Examinee who is the applicant named above and whose answers are to be entered in the spaces provided.

ANSWERS
Mark "X" in appropriate
Column for "Yes" or "No"

Have you any history of or are you suffering from :	Yes	No	Remarks
1. Nervous or mental trouble	1		
2. Fits or convulsions of any kind	2		
3. Eye trouble of any kind	3		
4. Colour blindness	4		
5. Deafness	5		
6. Physical or mental disability	6		
7. Undergone any surgical operations	7		
8. Any illness or injuries not mentioned above.	8		

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

Signature of Applicant : _____ Date : _____

Name of RMP : _____ Signature of RMP : _____

Part B - General Medical Examination.

To be completed by the RMP.

ANSWERS

Mark "X" in appropriate Column for "Yes" or "No"

	Yes	No	RMP's Remarks
1. Any deformities and/or physical disabilities observed.	1		
2. Any abnormality of movement of the joints.	2		
3. Any evidence of abnormality of the nervous system.	3		
4. Any evidence of psychiatric disorder.	4		
5. Any defect of hearing.	5		
6. Does the Examinee show any evidence of being addicted to the excessive use of alcohol or drugs?	6		
7. (a) Blood Pressure _____ mm Hg	7		
(b) Pulse Rate _____ per min			
8. (a) Is there any defect of colour vision?			

Visual Acuity Without glasses RE _____ LE _____
of distance
 With glasses RE _____ LE _____

Near Vision Without glasses RE _____ LE _____
 With glasses RE _____ LE _____

(b) Do you consider Examinee should wear glasses ? *YES/NO

9. Additional remarks by the RMP.

10. Result of Medical Examination

I certify that I have this day examined and identified the Examinee who is the applicant named on Page 1. He/She has shown me his/her Identity Card which bears the same number as the said applicant 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 Examinee physically and mentally

* FIT / UNFIT

- (i) to carry out and/or supervise water service installation works (i.e. plumbing work performed in a water service installation is used to convey potable water for human consumption); and
- (ii) to understand submission procedures, the Public Utilities Act, Public Utilities (Water Supply) Regulations and Singapore Standard SS CP48 – Code of Practice for Water Services and other relevant statutory requirements; and

Signature of RMP: _____ Date : _____

Name of RMP : _____ Signature of RMP : _____

Address : _____

* (Delete if not applicable)