

**MEDICAL INFORMATION**

**ANNEX A**

(This section is to be filled up by a Medical Doctor or Allied Health Professionals)

Name of Patient: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Please tick  where appropriate.

**TYPE OF DISABILITY (Multiple selection allowed for multiple disabilities condition)**

**Diagnosis**

Intellectual       Physical       Visual       Hearing       Others

**Description of Disability:**

**MEDICAL HISTORY**

**(a) Psychological or mental disorders**

No – Please move on to Question (b)       Yes, please specify: \_\_\_\_\_

Condition:     Mild       Moderate       Severe

**(b) Cognitive & work related functioning**

Please indicate if there are any deficits in the following cognitive and work related functioning:

**1) Deficit in understanding & memory function**       Yes       No

Please circle the below:

*I.e. Reduced ability to remember location and work like procedure/Lack ability to understand and remember very short and simple instruction/Has difficulty in remembering detailed instruction*

Please elaborate: \_\_\_\_\_

**2) Deficit in sustained concentration and persistence**       Yes       No

Please circle the below:

*I.e. Reduced ability to carry out short and simple instruction/ Reduced ability to maintain attention and concentration for extended period of time/ Unable to make simple work related decision/ Requires special supervision during normal routine*

Please elaborate: \_\_\_\_\_

**3) Deficit in Social Interaction**

Please circle the below:       Yes       No

*I.e. Reduced ability to interact appropriately with the general public or co-worker/Reduced ability to ask simple questions or request assistance/Reduced ability to accept instructions and respond appropriately to criticism from supervisors*

Please elaborate: \_\_\_\_\_

**4) Deficit in Adaptation**       Yes       No

Please circle the below:

*I.e. Reduced ability to respond appropriate to changes in work setting/ Reduced ability to be aware of normal hazard & to take appropriate precautions/Reduced ability to tolerate normal levels of stress*

Please elaborate: \_\_\_\_\_

**(c) Infectious diseases**

No – Please move on to Question (d)       Yes, please specify: \_\_\_\_\_

Following up:     Yes     No     Discharged     Defaulted

Date of last follow-up: \_\_\_\_\_ Hospital / clinic: \_\_\_\_\_

Condition:     Active or highly contagious       Persistent and asymptomatic

No longer infectious or contagious

**(d) Medical conditions**

Respiratory: \_\_\_\_\_       Neurological disorders: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_       Musculoskeletal: \_\_\_\_\_

Endocrine / Metabolic: \_\_\_\_\_       Dermatological conditions: \_\_\_\_\_

Other condition(s) not specified above: \_\_\_\_\_

**If any of the above is ticked, please elaborate (e.g. frequency of occurrence):** \_\_\_\_\_

**(e) Did patient undergo any surgery within the last two years? If yes, please provide brief details:**

	Date	Surgery done
<input type="checkbox"/> No		
<input type="checkbox"/> Yes		

**(f) Is patient currently on any medication?**

	If yes, please specify:	
<input type="checkbox"/> No	1.	6.
<input type="checkbox"/> Yes	2.	7.
	3.	8.
	4.	9.
	5.	10.

**(g) Does patient have any drug allergies?**

	If yes, please specify:	
<input type="checkbox"/> No		
<input type="checkbox"/> Yes	1.	3.
	2.	4.

**(h) Does patient have any regular follow-ups?**

	If yes, please specify:	
	Types of follow up	Frequency
<input type="checkbox"/> No		
<input type="checkbox"/> Yes		

**(i) Is patient fit for employment?**

	If yes, please specify:	
<input type="checkbox"/> No	<input type="checkbox"/> Patient will be medically fit for employment in the next _____ (months).	
	<input type="checkbox"/> Patient is medically fit for employment.	
<input type="checkbox"/> Yes	<input type="checkbox"/> Patient is medically fit for specific job/work (light duty/non heavy work/carrying work) Please specify: _____	

**(j) Rehabilitation and Therapy**

The patient **requires** rehabilitation/ therapy.  The patient is **fit** for rehabilitation/ therapy.

Precautions/Restrictions during rehabilitation/ therapy : \_\_\_\_\_

**ASSESSOR'S CERTIFICATION**

Name of Assessor		Signature of Assessor	Official stamp of hospital/ clinic:
Date (DD/MM/YYYY)	MCR/ Registration No.	Contact No.	

**TERMS AND CONDITIONS**

1. **Eligibility Criteria**

- 1.1 Applicant must be a Singapore Citizen or Singapore Permanent Resident.
- 1.2 Applicant needs to be aged 16 and above.
- 1.3 Applicant must be certified of disability and submit proof of disability or limitations.

2. **Training**

- 2.1 Applicant to go through work preparation training prior to placement, if required.

3. **Matching and Placement**

- 3.1 Applicant may be referred to other related job placement agencies for suitable assistance.

4. **Documentation**

- 4.1 Applicant are expected to provide supporting documents such as a copy of employment contract or other proof of employment when requested by case manager, if applicant is employed during the programme support period.

5. **Safety and Liability**

- 5.1 Clients are expected to take safety precautions when attending job interviews or participating in job trials.
- 5.2 While all care will be taken, SG Enable shall not be held liable if the client encounters any accident or mishap while travelling for job interviews or job trials.
- 5.3 Any accident or mishap that occurs during the job trial and employment period will be managed by the hiring company or organization according to their policy.

6. **Suspension and Termination of Service**

- 6.1 In the event that the information provided by the client is false or incorrect, SG Enable has the right to reject the client's application, withdraw any offer of employment, terminate any employment contract placed by SG Enable with employers or discharge the client from employment support.
- 6.2 Service will be withheld from client or terminated under the following circumstances:
  - a) Non-adherence to the terms and conditions set by staff of service providers;
  - b) Defaulting on arranged job interviews and/or rejecting job interview opportunities of up to three (3) occasions;
  - c) Failure to report for work after accepting job offer;
  - d) Threats, verbal and /or physical abuse in any way towards SG Enable's staff; and
  - e) Nuisance or obscene phone calls / mobile texts / emails or sexual harassment in any for directed to SG Enable staff. In the event of any such occurrences, a police report may be filed.

7. **Database Registry**

- 7.1 Applicants information will be stored in SG Enable's database and will be shared with our working partner agencies. Applicant will be made known of these referrals.

8. **Feedback Channel**

- 8.1 For any feedback or issue arose during the job placement period, client may contact SG Enable.

9. **Involvement of organizations, partners and agencies**

- 9.1 Client shall abide by the regulations / agreement laid down by the organization / institution involved.