



APPLICATION FORM FOR OFFSITE HEALTHCARE SERVICES

(I) Particulars	
Name of Applicant:	
Contact No. and Email Address of Applicant:	
Name, Address and Healthcare Institution Code Licensed under the Private Hospitals and Medical Clinics (PHMC) Act:	
Name of HCI Licensee (if different from the applicant):	
Contact No. and Email Address of HCI Licensee (if different from the applicant):	
Name and Address of non-HCI (if applicable):	
(II) Information on Provision of Offsite Healthcare Services	
Type / Description of Offsite Premises:	
<i>(Please tick the appropriate box)</i>	
<input type="checkbox"/> Non-licensed HCI Premises	
<input type="checkbox"/> Mobile Vehicles	
Type / Description of Healthcare Services:	
<i>(Please tick the appropriate box)</i>	
<input type="checkbox"/> Health Screening	
<input type="checkbox"/> Vaccination	
<input type="checkbox"/> Others (please state): _____	

<p>Objective of Offsite Healthcare Services:</p>	
<p>Profile of Target Participants:</p>	
<p>Proposed Tests and HCI Personnel: <i>(Please ensure that the tests are validated and clinically appropriate to the target participants, and administered by trained personnel)</i></p>	
<p>Management of Target Participants with Abnormal Results <i>(E.g. referral or follow-up procedures)</i></p>	
<p>Management of Medical Records <i>(E.g. documentation, security)</i></p>	
<p>Arrangements for Infection Prevention and Control, Disposal of Biohazard Waste and Emergency Facilities</p>	

(III) Licensing Requirements and Declaration

1. It is important for the applicant and licensee to ensure that:
 - a. Adequate privacy, safety and security are provided at the offsite premises;
 - b. Administered healthcare tests are validated and clinically appropriate. For health screening, a summary of the recommended tests is accessible on the [HealthHub website](#);
 - c. Infection control measures are put in place at the offsite premises in accordance to the relevant regulatory requirements including those in the [Guidelines for Preventing Transmission of Bloodborne Infections in Healthcare Setting](#). Examples include providing appropriate personal protective equipment, having proper procedures in place for the collection of all blood specimens and ensuring proper hand hygiene;

d. Adequate facilities for proper disposal of biohazard waste are put in place at the offsite premises;

e. All participants are appropriately informed of their health results including abnormal results. Patients with abnormal results should be appropriately managed either by a qualified healthcare practitioner at the offsite premises or referred to a registered medical practitioner of his or her choice for further counselling, follow-up and patient management;

f. No marketing of products or services should be carried out at the offsite premises;

g. Resuscitation equipment, drugs for emergencies and equipment for monitoring vital signs are available at the offsite premises; and

h. All records and stationeries used at the offsite premises only bear the HCI name registered under the PHMC Act.

2. As the applicant and licensee, you are responsible and accountable for all services and activities provided at the offsite premises. Please ensure that there is proper oversight by qualified professionals:

a. All healthcare services must be conducted under the supervision of a registered medical practitioner; and

b. For X-ray services, it must be conducted either in collaboration with a licensed X-ray laboratory or under adequate oversight by a registered radiologist.

3. Please submit the completed application form to HPB (via screenforlife@hpb.gov.sg) for endorsement. HPB will send the endorsed application form to MOH for approval. Offsite healthcare services can only be carried out after MOH's approval is obtained. The approval is valid for a period of one year, with an administrative fee of \$385 (excluding GST). MOH will advise the payment methods. HPB and MOH may contact you for additional details.

4. I hereby declare that the information provided in this application is true and correct to be best of my knowledge.

Name: _____

Signature/Date: _____

