



20 Aljunied Road, #06-02,  
CPA House, Singapore 389805  
Tel 65 6597 5620 Fax 65 6749 8879  
www.icpas.org.sg

## REGISTRATION FORM FOR HEALTH SCREENING

*Please make copies for additional registrants.*

Name : Dr/Mr/Ms \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Tel No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

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### ASIAMEDIC (Offer valid till 31 Dec '10)

Health Screening Programme:  Classic Health Plan  
(Discounted rate)  Enhanced Deluxe Health Plan

Preferred Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Preferred Time: \_\_\_\_\_ AM/PM

OPENING HOURS	ASIAMEDIC
Mondays to Fridays	8.30am - 5.30pm
Saturdays	8.30am - 12.30pm

*This additional section is to be completed for registration of the immediate family members of an ICPAS member.*

**REGISTRATION OF FAMILY MEMBER**

I, \_\_\_\_\_ (NRIC/PP No: \_\_\_\_\_)  
wish to sponsor the following family member(s) for the Health Screening Programme.

1. Name: Dr/Mr/Mrs/Miss \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Birth Certificate NRIC/Passport No.: \_\_\_\_\_

Selected Package: \_\_\_\_\_

2. Name: Dr/Mr/Mrs/Miss \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Birth Certificate NRIC/Passport No.: \_\_\_\_\_

Selected Package: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please fax the completed form to ICPAS (Attn: Shorna at fax: 6749 8879)

**ASIAMEDIC'S HEALTH SCREENING PACKAGES**  
**(Offers valid till 31 Dec 2010 and rates are subject to prevailing GST)**

Classic Health Plan	Enhanced Deluxe Health Plan																																												
Physical Examination & Medical History <b>S\$240</b> Body Composition Analysis & Individualised Cardiac Risk Profile Eye & Ear Screening 12-Lead Resting Electrocardiogram Chest X-Ray Pap Smear (For ladies) Laboratory Investigations <ul style="list-style-type: none"> <li>- Haematology</li> <li>- Diabetic Screen</li> <li>- Coronary Risk</li> <li>- Hepatitis Screen (Hepatitis A &amp; B)</li> <li>- Tumour Markers [AFP for liver, CEA for colon, lungs, breasts &amp; stomach, CA125 (Ovary for Ladies), PSA (Prostate for Men)]</li> <li>- Kidney Profile</li> <li>- Liver Panel</li> <li>- Bone &amp; Joint Profile</li> <li>- Thyroid Screen</li> <li>- Venereal Disease</li> <li>- Urine Analysis</li> <li>- Stool Analysis</li> </ul>	Physical Examination & Medical History <b>S\$350</b> Body Composition Analysis & Individualised Cardiac Risk Profile Eye & Ear Screening 12-Lead Resting Electrocardiogram Chest X-Ray Pap Smear (For Ladies) Laboratory Investigations <ul style="list-style-type: none"> <li>- Haematology</li> <li>- Diabetic Screen</li> <li>- Coronary Risk</li> <li>- Hepatitis Screen (Hepatitis A &amp; B)</li> <li>- Tumour Markers (AFP, CEA, PSA (Prostate for Men), CA 125 (Ovary for Ladies))</li> <li>- Kidney Profile</li> <li>- Liver Panel</li> <li>- Bone &amp; Joint Profile</li> <li>- Thyroid Screen</li> <li>- Venereal Disease</li> <li>- Urine Analysis</li> <li>- Stool Analysis</li> </ul>																																												
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