MEMORANDUM

TO: STUDENTS, STAFF OF DIV OF BIOENGINEERING
FROM: ERNEST CHING, ADMINISTRATIVE OFFICER, BIOE
SUBJECT: HEPATITIS-B SCREENING & VACCINATION
DATE: 23 NOVEMBER 2005

For each visit to the University Health Clinic for Hepatitis-B screening and vaccination services, you would be required to bring with you the following:

1) This memo to show to the counter staff, so that you will not be asked for payment

2) The charge form duly signed, for the Centre to retain for billing purposes.

While you register at the Centre for the services, you may refer to them this portion to inform them of our credit arrangement with them:

This memo requests that the University Health Clinic (Health Services), in accordance with prior arrangements with the Div. of Bioengineering, bills the Division directly for the services requested for our authorized staff and students, as indicated in the charge form.

Other Useful Information:

University Health Service Location: Yushof Ishak House (Level 4)

Contact Person: Gek Heng (Tel 6776 1631)

Clinic Operating Hours for Hep-B screening: Mon – Fri, 8:30 - 11:30am; 1:30pm - 4:30pm
**Instructions for using Hep-B Forms**

1. Print out the Form and the Memo.
2. Obtain required signature(s) before bringing to the Wellness Centre
3. Register at the counter with the Memo to indicate to them that charges will be billed to Division
4. Leave the Form with the Clinic after the delivery of each service and counter-sign on the appropriate service provided.

---

**Division of Bioengineering**
**Faculty of Engineering**

---

**To: The University Health and Wellness Centre (Health Service)**

Name of Student / Staff: __________________________

Matriculation No. / Year: _______________ or Staff Number: __________________________

Kindly provide the above person with the following screening / vaccinations services as required:

**HEPATITIS SCREENING AND VACCINATIONS CHARGE FORM**

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis-B Pre-Screening</th>
<th>Hepatitis-B First Vaccination</th>
<th>Hepatitis-B Second Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient's Signature</strong></td>
<td>Patient’s Signature</td>
<td>Patient’s Signature</td>
<td>Patient’s Signature</td>
</tr>
<tr>
<td><strong>Date of Pre-Screening</strong></td>
<td>Date of Pre-Screening</td>
<td>Date of Pre-Screening</td>
<td>Date of Pre-Screening</td>
</tr>
<tr>
<td><strong>Amount chargeable $</strong></td>
<td>Amount chargeable $</td>
<td>Amount chargeable $</td>
<td>Amount chargeable $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis-B Third Vaccination</th>
<th>Hepatitis-B Post Vaccination</th>
<th>Hepatitis-B Booster Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient's Signature</strong></td>
<td>Patient’s Signature</td>
<td>Patient’s Signature</td>
<td>Patient’s Signature</td>
</tr>
<tr>
<td><strong>Date of Pre-Screening</strong></td>
<td>Date of Pre-Screening</td>
<td>Date of Pre-Screening</td>
<td>Date of Pre-Screening</td>
</tr>
<tr>
<td><strong>Amount chargeable $</strong></td>
<td>Amount chargeable $</td>
<td>Amount chargeable $</td>
<td>Amount chargeable $</td>
</tr>
</tbody>
</table>

**Payment Instructions:** Please charge the above services to the Division's vote as indicated below.

Supported By: __________________________

(Supervisor's/PI's Name & Signature)

Payment Approved by: __________________________

(Authorised Signatory / Signature)

---

For Official Use Only

□ OOE: C397-000-003-001
□ RP: R397-000-_______
(tick one)

---

Block E3A, #04-15, 7 Engineering Drive 1
Singapore 117574 Tel: (65) 6516 7315 Fax: (65) 6872 3069