Restricted, Sensitive (Normal)

SingHealth

SINGHEALTH INVESTIGATIONAL MEDICINE UNIT

Volunteer Sign Up Form

1.	**Name (per ID):**	
2.	**NRIC/ FIN/ Passport No:**	
3.	**Gender:** ☐Male ☐ Female *If Female, are you still having menstrual period?* ☐ Yes ☐ No *(Reason for no menstruation:____________)*	
4.	**Birth Date:**	________ (DD) / __________ (MM) / ___________ (YYYY)
5.	**Marital Status:**	☐Single ☐Married ☐Divorced ☐Widowed ☐ Separated
6.	**Race:**	☐Chinese ☐Malay ☐Indian ☐Others (Please specify:_________________________)
7.	**Contact (HP):**	
8.	**Email:**	
10.	**Height (M) / Weight (Kg)**	(m) / (kg)
11.	**Occupation:**	
12.	**Last Blood Donation if any**	________ (DD) / __________ (MM) / ___________ (YYYY)
13.	**Smoking status:**	☐No ☐Yes ☐Quit. Since (MM/YYYY:__________________________)
14.	**Drinking status:**	☐No ☐Yes ☐Quit. Since (MM/YYYY:__________________________)
15.	**Allergy (Drug/Food, etc)**	☐No ☐Yes (Please specify:____)
16.	**Medical condition (If any)**	☐No ☐Yes (Please specify:____)
17.	**Any medications/health supplements**	☐No ☐Yes (Please specify:____)
18.	**Previously diagnosed with:**	*(i) Dengue:* ☐No ☐Yes *(ii) COVID-19:* ☐No ☐Yes *(Date tested positive (DD/MM/YY): _________________)*
19.	**Had COVID-19 Vaccine:**	☐No ☐Yes (For yes, please complete the table below)

Approved Vaccine Name:	
1st Vaccine Date (DD/MM/YYYY):	
2nd Vaccine Date (DD/MM/YYYY):	
Booster Vaccine Name:	
3rd Vaccine Date (DD/MM/YYYY):	

20.	**Last Clinical Trial Participation if any:**	☐No ☐Yes (If yes, please complete the table below)

Trial Title / Type:	
Last Dose Date:	________ (DD) / __________ (MM) / __________ (YYYY)
Trial End Date	________ (DD) / __________ (MM) / __________ (YYYY)
Trial Site/ Place:	

***Consent Clause**: By completing this form with your personal data, you hereby consent to SingHealth IMU may collect, obtain, store and process your personal data (including photo of you taken at SingHealth IMU) for the purpose of considering your participation in clinical trials.*

You hereby give your consent to SingHealth IMU to:

- *store and process your Personal Data*
- *contact you further to collect more information;*
- *contact you (via email and/or phone call) to provide any suitable trial details and arrange for clinical trial screening if applicable;*
- *disclose your Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes.*

☐ ***Yes. I have read, understood and consent to the SingHealth Data Protection Policy, the full version of which is available at www.singhealth.com.sg/pdpa.***

(Kindly read through our SingHealth Data Protection Policy followed by indicate on the check box before submitting the new sign-up form)

For the purpose of updating the above data or withdrawal from future participation in clinical trials, you may at any time email to SingHealth IMU at imu@singhealth.com.sg and we will respond to your request.

Date: ____________________________