TCM Practitioners Board

Hepatitis B Screening for TCM Practitioners

In accordance to the Ministry of Health requirements, all prospective medical students must meet the health requirements, including negative Hepatitis B status and Hepatitis B immunity. The current policy does not allow Hepatitis B carriers (as shown by a positive Hepatitis Surface Antigen (HBsAg positive) to enter medical school.

Prospective New TCM Students

All prospective new TCM students are required to undergo Hepatitis B virus (HBV) screening, <u>starting with intakes in 2011</u>. Those who are HBsAg positive (regardless of HBeAg status) will not be admitted to the local accredited TCM courses (eg, Advanced Diploma in TCM, Bachelor Degree Course in TCM conducted jointly or in collaboration with accredited foreign TCM universities etc).

Prospective new TCM students who are tested negative for HBsAg but who are not immune (anti-HBVs negative or <10 mIU/mL) are required to obtain immunization, regardless of previous immunization for HBV. Immunisation must begin within one month from the date of screening. Hepatitis B carriers will not be allowed to attend TCM course. A sample form on Hepatitis B Screening Blood Test is at Annex A.

Prospective New TCM Practitioners

- a) New applicants holding local TCM qualifications are required to undergo HBV screening and declare their Hepatitis B status in their application for registration, to <u>take effect from January 2012</u>. Those tested HBsAg negative and not immune are required to obtain immunization within one month from the date of screening. Hepatitis B carriers will be rejected from registration.
- b) New applicants holding foreign TCM qualifications (including both local and foreign applicants and those applying for conditional registration) are required to undergo Hepatitis B screening in Singapore before they can be considered for registration with the TCM Practitioners Board ("TCMPB"). Employers are responsible to act and report on health screening results to the TCMPB for those applying for conditional registration.

Existing Registered TCM Practitioners

All existing registered TCM practitioners are encouraged to undergo Hepatitis B Virus screening and to declare their Hepatitis B status on a voluntary basis by submitting their Hepatitis screening results to the TCMPB. They should go for immunization if found to be HBsAg negative. For those found to be Hepatitis B carriers, they are advised to take proactive measures to prevent the spread of Hepatitis B infection in the course of their TCM practice. TCMPB does not de-register those found to be Hepatitis B carriers.

5 July 2011

Annex A

Medical Examination Form Hepatitis B Screening Blood Test

Personal Particulars

(to be completed by Applicant)

Hepatitis B Screening Blood Test (to be completed by Registered Medical Practitioner) Blood Test Results: Hepatitis BsAg Hepatitis BsAb Hepatitis B Vaccination (if applicable) Date of Vaccination Dose 1 Dose 2	Full Name (Block Letters):		
Singapore Home Address:	Gender:	_ NRIC/Passpo	rt No.:	
Singapore Tel No.: (065) Mobile No.: (065) Hepatitis B Screening Blood Test (to be completed by Registered Medical Practitioner) Blood Test Results: Hepatitis BsAg Hepatitis BsAb Hepatitis B Vaccination (if applicable) Date of Vaccination Dose 1 Date of Vaccination Dose 2 Date Post Vaccination Hep Bs Antibody Test Dated Name of Registered Medical Practitioner Dated Signature: Date: Date: Date:	Date of Birth:	h: Citizenship:		
Singapore Tel No.: (065) Mobile No.: (065) Hepatitis B Screening Blood Test (to be completed by Registered Medical Practitioner) Blood Test Results: Hepatitis BsAg Hepatitis B Vaccination (if applicable) Date of Vaccination Dose 1 Dose 2 Dose 3 Post Vaccination Hep Bs Antibody Test Name of Registered Medical Practitioner Signature: Date:	Singapore Home Addres	s:		
(to be completed by Registered Medical Practitioner) Blood Test Results: Hepatitis BsAg	Singapore Tel No.: (065)			
Hepatitis BsAg Hepatitis BsAb Hepatitis B Vaccination (if applicable) Date of Vaccination Dose 1 Date of Vaccination Dose 2 Dose 3 Post Vaccination Hep Bs Antibody Test Dated Name of Registered Medical Practitioner Dated Signature: Date Date:				
Hepatitis B Vaccination (if applicable) Date of Vaccination Dose 1	Blood Test Results:			
Date of Vaccination Dose 1	Hepatitis BsAg		Hepatitis BsAb	
Dose 1	Hepatitis B Vaccination (if applicable)		
Dose 2	Date of Va	accination		
Dose 3	Dose 1			
Post Vaccination Hep Bs Antibody Test Dated Name of Registered Medical Practitioner Signature: Date:	Dose 2			
Name of Registered Medical Practitioner Signature: Date:	Dose 3			
Signature: Date:	Post Vaccination Hep Bs	Antibody Test	Dated	
Date:	-			
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