



# SMA Seminar: Workplace Safety and Health for Medical Practice Owners

Date: 8 October 2016, Saturday  
Venue: M Hotel, Level 10

Time: 1 pm – 5 pm  
CME Points: Max 2

## Who should attend?

Clinic owners and clinic assistants who are responsible for workplace safety matters.

## Did you know?

You are required to possess general knowledge of Workplace Safety and Health which may be tested during the application/renewal of clinic licensing.

## Safe & Healthy Workplace



## Happier Employees



1 pm	Registration (Lunch will be provided)
2 pm	<b>Opening Address</b> <i>Dr Wong Sin Yew, Infectious Disease Physician, Infectious Disease Partners Pte Ltd</i>
2.15 pm	<b>Risk Assessment for the Ambulatory Care</b> <i>Ms Moon Loh, Consultant, Centre for Safety, Health, Environmental and Quality (SHEQ), ST Electronics (e-Services) Pte Ltd</i>
3 pm	<b>Handling Aggressive and Violent Patients</b> <i>Dr Adrian Wang, Consultant Psychiatrist, Gleneagles Medical Centre</i>
3.45 pm	<b>Infection Control Considerations in the Family Physician Clinic</b> <i>Ms Moon Loh, Consultant, SHEQ, ST Electronics (e-Services) Pte Ltd</i>
4.30 pm	Questions & Answers
5 pm	End of Seminar

Supported by:

**ST Electronics (e-Services) Pte Ltd**

Booth Partner:



Please return this slip for SMA Seminar: Workplace Safety and Health for Medical Practice Owners to **Carina Lee, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 62231264, fax: 62247827 or email: carinalee@sma.org.sg.** A confirmation email will be issued to all applicants.

Name: \_\_\_\_\_ MCR no.: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Contact no.: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

### I would like to (inclusive of GST):

- Register myself for the seminar (SMA member: complimentary, non-member: \$80)
- Register my staff to attend on my behalf (SMA member: complimentary, non-member: \$80)
- Register both myself and my staff for the seminar (SMA member: complimentary, non-member: \$100)

### Mode of payment

- Credit card  
VISA/MasterCard: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiry date: \_\_\_\_\_ / \_\_\_\_\_ CVV2/CVC2 no.: \_\_\_\_\_

- Cheque (payable to Singapore Medical Association)  
Bank: \_\_\_\_\_ Cheque no.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event, as well as having your photographs and/or videos taken by SMA and its appointed agents for the purpose of publicity and reporting of the event.