Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg



Winne Liedical Centre
Bik St Liacpherson Lane = 01 35 Singapole 360031

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Signature of Foreign Worker Date Part III Please tick If any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Abnormal Other Tests Blood Pressure Systolic: Disstolic: Disstolic: Disstolic: Disstolic: Disstolic: Disstolic: Abnormal of Ceccing Worker CECG (compulsory for male Thai workers & others above age 60, and in younger applicants where it is indicated, e.g., persons with cardic morrours or symptoms suggestive of Myocardial ischaemia) Abnormal Abnormal Clinical Examinations Abnormal Cinical Examinations Cinical	1 Mental illness		6 Tuberculosis		
Signature of Foreign Worker	I declare that all the information given above is true and correct. I hereby give my consent for a copy of this medical form after it is completed by the doctor to be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.				
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations	Ma cear cear Avreg 0 6 AUG 2018				
Clinical Examinations Abnormal Cardiovascular System Blood Pressure Systolic: Disstolic: Disstol			Date		
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	Please send the completed medical form back to the employer / e	mployment ag			