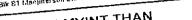
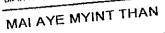
Work Pass Division 18 Havelock Road Singapore 059764 www.morn.gov.sg

Winnie Medical Centre Bik 81 Machinerson Lane #31 35 Singapole 350081









Full Med IC:MA965519 L	,00.44		rkers	
All parts in this form are to be cor completes this form. The foreign wo PID :P175383 Part! Personal Particulars of Fore Reg. Date :10-5	_{Sep-18} 03:3	5PM HP:	ents must be endorsed by to or identification.	he doctor wh
				WX
Name:	Passport i	No	Sex: *Male / Female Heig	ht: 170 c
Occupation:			Citizenship: Weig	ht: 41
Part II Medical History (To be declared and signed by	the foreign v	worker)		
Yes No If yes, give brief Mental illness	details	6 Tuberculosis 7 Heart Diseas 8 Malaria 9 Operations		f details
I declare that all the information given above is true and correct be released to the Ministry of Manpower, my employer, and also Signature of Foreign Worker	to the employ	ment agent who assisted	d in my work permit application. SEP 2018	ed by the docto
Part III Please tick if any of the Examinations / Tests is Clinical Examinations		,	eparately,	
1 Cardiovascular System	Abnormai		be taken in Singapore (*For any	Abnorma
a Blood Pressure Systolic: Diastolic: Heart Disease ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or		abnormalities and	other findings including no active e state here and attach the chest	
symptoms suggestive of Myocardial ischaemia)		2 Urine		-
d Severe varicose veins	<u> </u>	a Albumin		
2 Anaemia (if clinically anaemic, do HB: g%) 3 Respiratory System		b Sugar		10
4 Abdomen	 - 	c Pregnancy 3 VDRL		- -
a Hemia			o hear ordinary conversation at 2m	- -
b Enlarged Liver		5 Vision (should be	at least 6/12 in both eyes with	-
Enlarged Spleen Genito-Urinary System		or without glasses	.)	
Skin-Chronic Disease (e.g. leprosy, widespread	╎┼┼	a Vision Acuity i) Right eye		
eczema, psoriasis, etc)		ii) Left eve		
Locomotor/Neurological		b Colour Vision (for	electricians & drivers only)	
Significant limb amputation or deformity Limb movement and co-ordination		 c Any organic eye di 	sease, e.g. Trachoma	
Significant spinal deformity	ᅡ	6 Blood film for Mala 7 HIV (AIDS)	nia	10
Other significant abnormalities (in relation to the		Note:		
Work required to be performed)		HIV (AIDS) Test	and blood film for Malaria must be	
Endocrine disorders, e.g. thyrotoxicosis Mental state	<u>R</u>	done at laborator	ies approved by the Ministry	
rt IV Certification from the Doctor rtify that I have examined the above-named foreign worker for the son is *Fit / Unfit for employment in the above-stated occupation arms of Doctor: BLOCK Letter) BIK 81 Macpherson Lane #0 Singapore 360081	n. Ltd) 1-35	Signature o	of Doctor: 2: Choren R	D <i>FD</i> : ; <u> </u>
- Tei: 6842 7842 Fax: 6743 (J954	Telephone	Number: $S.M.C. No:$	00337 🥂
ele where inapplicable			1100000	•
tors to Note:			1 ¹ SEP 2018	
se send the completed medical form back to the employer / emp		t promptly, so that they o	can get the work pass issued.	