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

Winnie Medical Centre 8k 81 Macpherson Lane ≠03-35 Singapore 360091



Full Medica MAI SANDAR WIN

Full Medica		ers	
All parts in this form are to be comple	B DOB :03-M	May-1991 s must be endorsed by the do	ctor who
completes this form. The foreign worke Sex :Female		dentification.	
Part I Personal Particulars of Foreigr PID :P173218			10
Reg. Date :02	-Aug-18 02:2	20PM HP:	47
Name:	Data of Birth	Chicanship:	FF
Name: Reg. Date :02-Aug-18 02:20PM HP: ale / Female Height: cm Occupation: Date of Birth: Citizenship: Weight: kg			
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief 1 Mental illness	detalls	Yes No If yes, give brief deta 6 Tuberculosis	ilis
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.			
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	Abnormal
1 Cardiovascular System a Blood Pressure		Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active	
		lung lesion, please state here and attach the chest	
Systolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic:	l- 1	radiological report to this form.)	
c ECG (compulsory for male Thai workers & others			. 1
above age 50, and in younger applicants where it is			, i
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia)	 	2 Urine	
d Severe varicose veins		a Albumin	
2 Anaemia (if clinically anaemic, do HB:9%)	 	b Sugar	
3 Respiratory System 4 Abdomen	<u> </u>	c Pregnancy3 VDRL	
a Hernia		4 Hearing – unable to hear ordinary conversation at 2m	
b Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with)	
c Enlarged Spleen d Genito-Urinary System		or without glasses.) a Vision Acuity	
5 Skin-Chronic Disease (e.g. leprosy, widespread	 	a Vision Acuity i) Right eye	
eczema, psoriasis, etc)		II) Leπ eye · · ·	
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	H I
a Significant limb amputation or deformity b Limb movement and co-ordination		6 Blood film for Malaria	
c Significant spinal deformity		7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	
Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis		HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry	
8 Mental state		of Health.	
Part IV Certification from the Doctor I certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is "Fit / Unfit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Date: Date: WR. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I			
Clinic Address: Winnie Weutcar to Date: Bik 81 Macpherson Lane #01-35 Telephone Number:			
**Delete where inapplicable Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 0 2 AUG 2018			
DOCTOFS TO NOTE:			
Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.			