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

Winnie Medical Centre Bik 81 Macpherson Line #01-35 Singapore 360081



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2 Epilepsy 3 Chronic Asthma 4 Disabetes Mellitus 5 Hyperfension 1 declare that all the information given above is true and correct. 1 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 easisted in my work permit application.  2 4 AUG 2018  Signature of Poteign Worker  Date  Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.  Clinical Examinations 1 Cardiovascolar System 2 Abnormal of the first of the first of the state of the first of the		letalis		ialis	
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