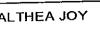
Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg

Winnie Medical Centre Blk 81 Marpherson Lane #01 35 Singapore 350081

## BAYBADO ALTHEA JOY FELIPE





IC :P3506442A DOB :09-Sep-1993 **Full Medical** rs Sex :Female must be endorsed by the doctor who All parts in this form are to be complet-PID:P175303 entification. completes this form. The foreign worker' Reg. Date :10-Sep-18 08:23AM HP : Part i Personal Particulars of Foreign \ Passport No.\_\_\_\_\_ Sex: \*Male / Female Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_ Occupation: \_\_\_\_ Part II Medical History (To be declared and signed by the foreign worker) No. If yes, give brief details \_ If yes, give brief details Tuberculosis Mental iliness Heart Disease 2 Epilepsy Malaria 3 Chronic Asthma Operations Diabetes Mellitus 5 Hypertension 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. 1 0 SEP 2018 albaybadu Signature of Foreigh Worker Date Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Abnormal Abnormal Other Tests **Clinical Examinations** Chest X-ray - to be taken in Singapore ("For any Cardiovascular System abnormalities and other findings including no active **Blood Pressure** lung lesion, please state here and attach the chest Systolic: radiological report to this form.) 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 symptoms suggestive of Myocardial ischaemia) Urine Albumin Severe varicose veins а g%) Sugar Anaemia (if clinically anaemic, do HB: Pregnancy Respiratory System VDRL 4 Abdomen 4 Hearing - unable to hear ordinary conversation at 2m а Hernia Vision (should be at least 6/12 in both eyes with b **Enlarged Liver** Enlarged Spieen or without glasses.) Vision Acuity Genito-Urinary System  $\bar{\Box}$ Skin-Chronic Disease (e.g. leprosy, widespread i) Right eye 5 ii) Left eye eczema, psoriasis, etc) Colour Vision (for electricians & drivers only) 6 Locomotor/Neurological Any organic eye disease, e.g. Trachoma Significant limb amputation or deformity 6 Blood film for Malaria Limb movement and co-ordination HIV (AIDS) Significant spinal deformity Other significant abnormalities (in relation to the Note: HIV (AIDS) Test and blood film for Malaria must be Work required to be performed) done at laboratories approved by the Ministry Endocrine disorders, e.g. thyrotoxicosis Mental state 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 / Unit for employment in the above-stated occupation. Name of Doctor: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Blk 81 Macoherson Lane #01-35 Date: Clinic Address: Singapore 360081 Telephone Number: Tel: 6842 7842 Fax: 6743 0954

Delete where inapplicable