

Winnie Medical Centre  
Blk B1 Marpherson Lane #01-35 Singapore 360031

MINISTRY OF  
MANPOWER

Sex :Female

PID : P176482

Reg. Date : 28-Sep-18 08:32AM HP.

Endorsed by the doctor who  
 in.

All parts in this form are to be completed by a foreign worker who completes this form. The foreign worker's Travel Document is required.

Name: \_\_\_\_\_ Passport No. \_\_\_\_\_ Sex: \*Male / Female Height: 171 cm  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Weight: 76 kg

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C S 2014
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

LAMINAH.

28 SEP 2018

Signature of Foreign Worker

Date \_\_\_\_\_

Clinical Examinations	Abnormal	Other Tests	Abnormal
1 Cardiovascular System a Blood Pressure Systolic: Diastolic:	<input type="checkbox"/>	1 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 radiological report to this form.)	<input type="checkbox"/>
b Heart Disease	<input type="checkbox"/>		
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial ischaemia)	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
4 Abdomen		3 VDRL	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	Note:	
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
8 Mental state	<input type="checkbox"/>		

~~Dr. Leong Chee Lum~~  
MCR No. 019477

**Doctors to Note:**  
Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.