

## Full Medical Examination Form

All parts in this form are to be completed by the foreign worker's Tri

IC : MD548262 DOB : 05-Sep-1993

Sex : Female

Must be endorsed by the doctor who  
qualification.

### Part I Personal Particulars of Foreign Worker

PID : P176902

Name: \_\_\_\_\_

Reg. Date : 05-Oct-18 08:39AM HP :

Female

Height: 155 cm

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Weight: 64 kg

### Part II Medical History (To be declared and signed by the foreign worker)

	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 type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

^ Ei Ei Khin

05 OCT 2018

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		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"/>
a Blood Pressure	<input type="checkbox"/>		
Systolic: 117/2			
Diastolic: 72			
b Heart Disease	<input type="checkbox"/>	2 Urine	<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"/>	a Albumin	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen		4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	a Vision Acuity	
c Enlarged Spleen	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

### 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)

Winnie Medical Pte Ltd  
Blk 81 Macpherson Lane #01-35

Signature of Doctor:

Clinic Address:

Singapore 360081  
Tel: 6842 7842 Fax: 6743 0954

Date:

Telephone Number:

Dr Leong Chee Lum  
MCR No. 019472

\*Delete where inapplicable

05 OCT 2018

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.

# Winnie X-Ray Centre

Blk 81, Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954

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Name : EI EI KHIN

Date : 05/10/2018

NRIC/FIN : MD548262

Accession NO : WI800001464

Sex : F

Age : 25

## XT001 - Chest X-Ray PA

CHEST

No active lung lesion is seen.  
The heart size is normal.

05/10/2018

Dr Mark Tan Ming Loong

Consulting radiologist

This report is electronically signed. No signature is required.

Please seek medical advice if result is abnormal.



Penjagaan Kesihatan Healthcare 保健  
EXCELLENCE IN HEALTHCARE

## PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

45 Kallang Pudding Road #05-01/04 Alpha Building Singapore 349317  
Tel: (65) 67429011 (8 Lines) Fax: (65) 67429226 E-mail: pathlabs@singnet.com.sg  
RCB No. 197200753W

Client ID: 33305

Patient: EI EI KHIN

WINNIE MEDICAL CENTRE  
BLK 81 MACPHERSON LANE  
#01-35  
SINGAPORE  
36008-1

IC/PP...: MD548262  
Age....: 25 Sex: F  
Ref. No: P176902

Request Date: 05/10/2018  
Report Date : 05/10/2018  
Lab Number..: 11207561  
Page Number : 1

**\*\* FINAL REPORT \*\***

Test Name	Results	Units	Reference Range
<b>WK6 Profile</b>			
VDRL	梅毒检验	.....	Negative
HIV I & II Ab	爱滋病抗体		Negative
Malaria Parasite (MP)			Negative

This is a computer generated report. No signature is required.

**Dr. S H Leong, Medical Director**