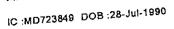
Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg

Winnie Medical Centre Bik 91 Machherson Lane =01-35 Singapore	360081
(308 117 1111	

KHIN THU ZAR NWE



Full Medical Ex

Sex :Female

All parts in this form are to be completed b PID :P17 completes this form. The foreign worker's Tra	79925	8 03:35PM HP: t be endorsed by the d cation.	octor who
			r1
Name	Passport No.	Sex: *Male / Female Height: Weight: Weight:	cm cm
Occupation:	Date of Birth	: Citizenship: Weight: _	41 kg
Part II Medical History (To be declared and signed by t			
Yes No If yes, give brief of		Yes No, If yes, give brief de	tails
1 Mental illness		6 Tuberculosis	
be released to the Ministry of Manpower, my employer, and also	I hereby give to the employn		y the doctor t
~ :E		2 7 NOV 2018	
Signature of Foreign Worker	· · ·	Date	
Part III Please tick if any of the Examinations / Tests Is			1
Clinical Examinations	Abnormal		Abnormal
1 Cardiovascular System		Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active	🖰
a Blood Pressure Systolic:		lung lesion, please state here and attach the chest	
Systolic: \\ O \S 0		radiological report to this form.)	į
b Heart Disease			
c 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		0.114	 -
symptoms suggestive of Myocardial ischaemla)		2 Urine a Albumin	18
d Severe varicose veins			
2 Anaemia (if clinically anaemic, do HB:g%)	+=	b Sugar c Pregnancy	18
3 Respiratory System		3 VDRL	
4 Abdomen		4 Hearing – unable to hear ordinary conversation at 2m	
a Hernia	18	5 Vision (should be at least 6/12 in both eyes with	18.
b Enlarged Liver c Enlarged Spleen		or without glasses.)	1
c Enlarged Spleen d Genito-Urinary System	15	a Vision Acuity	
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	
eczema, psoriasis, etc)	-	ii) Left eye	10
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trachoma	<u> </u>
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)	 	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry	
7 Endocrine disorders, e.g. thyrotoxicosis			
Part IV Certification from the Doctor I certify that I have examined the above-named foreign worker to person is *Fit / Unfit for employment in the above-stated occupance of Doctor:	or the clinical exation.		
	diant by	Signature of Doctor: (Oligy 4)	(74 () //
(in BLOCK Letter) Winnie Wed	nical Fle	e Ltd	$D\sigma_{0}$
Clinic Address: Blk 81 Macphers Singapore 3600	son Lane # 81	01-35 Telephone Number: .M.C. No.:	00337
*Delete where inapplicable Tel: 6842 7842	Fax: 6743	0954 a MOV 2018	**************************************
Doctors to Note:		2 8 NOV 2018	