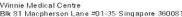
Work Pass Division

18 Havelock Road Singapore 059764 www.mom.gc





| Winnie Medical Centre Blk 81 Macpherson Lane | Winnie Medical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081 | | | V | | | | | | |
|--|---|--|---|--|-----------|------------|----------------------|-------------|-----------------|--|
| TUTI ANDRIANI | | | or Foreign Workers | | | | | | | |
| All parts in this completes this IC :B6757073 DOB :08-Mar-1981 Sex :Female | | octor. Any amendments must be endorsed by the doctor who duced to the doctor for identification. | | | | | | | | |
| Part I Persor PID :P180150 | | | | | | | | 1 | 71 | |
| Name: Reg. Date :30-Nov-18 04:16PM HP : | | | Sex: *Male / Female | | | | | | | |
| Occupation: | | | Citizenshin: Weight: | | | | | | 54 ka | |
| Part II Medical History (To be decla | rad and signed by the | foreign w | | | O110111P1 | | | | | |
| | If yes, give brief de | | | | Yes | No∕ If | voe al | vo brief de | taile | |
| 1 Mental illness | lalis | 6 Tuberculosis | | | | | tans | | | |
| 2 Epilepsy | | 7 Heart Disease 🔲 🛱 | | | | | | | | |
| 3 Chronic Asthma | | 8 Malaria 🔲 🖟 | | | | | | | | |
| 5 Hypertension | | 9 Op | crations | | 7 | | | | | |
| I declare that all the information given about the released to the Ministry of Manpower, in Signature of Foreign Worker Part III Please tick if any of the Exam | ny employer, and also to | the employn | nent agent w | ho assisted in r | 3 0 | | oplication | 1. | , the doctor to | |
| Clinical Examinations | | Abnormal | Other Tes | ts | | | RAYA | | Abnormal | |
| 1 Cardiovascular System | | | 1 Chest | X-ray - to be t | aken in | Singapo | re (*For | any | | |
| a Blood Pressure | | | | alities and oth | | | | | | |
| Systolic: (30/90 | | | | lung lesion, please state here and attach the chest radiological report to this form.) | | | | | | |
| Diastolic: ()0/90 b Heart Disease | | | radiolo | gical report to | uns ioin | 11.) | | | | |
| c ECG (compulsory for male Thai workers & others | | | | | | | | | | |
| above age 50, and in younger appli | cants where it is | | | | | | | | | |
| indicated, e.g. persons with cardic i | | | | | | | | | | |
| symptoms suggestive of Myocardial ischaemia) | | _ | 2 Urine | 1 | | | | | | |
| d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%) | | - | a Albumin b Sugar | | | | | | | |
| 3 Respiratory System | | | c Pregnancy | | | | | | | |
| 4 Abdomen | | | 3 VDRL | | | | | | 15-1 | |
| a Hernia | | | 4 Hearing | 4 Hearing – unable to hear ordinary conversation at 2m | | | | | | |
| b Enlarged Liver | | | | 5 Vision (should be at least 6/12 in both eyes with | | | | | | |
| c Enlarged Spleen | | | | or without glasses.) | | | | | | |
| d Genito-Urinary System | | <u></u> | | a Vision Acuity i) Right eye | | | | | | |
| 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) | | | | ii) Left eye | | | | | | |
| 6 Locomotor/Neurological | | | b Colour Vision (for electricians & drivers only) | | | | | | | |
| a Significant limb amputation or deformity | | | | | | | | | | |
| b Limb movement and co-ordination | | | | | | | | | | |
| c Significant spinal deformity | | | 7 HIV (AIDS) | | | | | | | |
| d Other significant abnormalities (in relation to the | | | Note: | | | | | an and ha | | |
| 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. thyrotoxic 8 Mental state | Endocrine disorders, e.g. thyrotoxicosis | | of Health. | | | | | ıy | | |
| | | | OTTIC | diti | | 1 | | | | |
| Part IV Certification from the Doctor I certify that I have examined the above-nar | | | aminations / | tests in Part III | and foun | d that thi | s | | | |
| person is *Fit / Unfit for employment in the | | | Ч | | | | 1 | | | |
| Name of Doctor: Win | nie Medical | TIE LI | . G | 6 : | | | 5 | | | |
| (in BLOCK Letter) Blk 81 Macpherson La | | ne #01-3 | Signature of Doctor: | | | -V | V Dr. Leong Chee Lum | | | |
| Clinic Address: | | | Date: | | M01947Z | | | | | |
| Tel: 6 | 6842 7842 Fax: 6 | 743 0954 | 4 | Telephone N | umber: | | | | | |
| *Delete where inapplicable | | | | | | 01 | DEC 2 | 018 | | |

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.