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

V√innie (Aedica) Genha Blk 81 Marpherson Lane /	#01 35	Singapore	360081

EMAY MAESAROH

Full Medic IC: B4800450 DOB: 11-Jun-1979 Sex :Female



ts must be endorsed by the doctor who

Part I Personal Particulars of Foreig Name:	completes this form. The foreign work PID :P181564		identification.	CIOI HIIO			
Name: Passport No. Sex: 'Male / Female Height: Composition of the Cocupetion: Date of Birth: Citizenship: Weight Sex you will be declared and signed by the foreign worker) Mental illness	Part I Personal Particulars of Foreig Reg. Date :28-	Dec-18 08:3	22AM HP:				
Part II Mental illness Yes Mo If yes, give brief details 6 Tuboroutoils 7 Heart Disease 8 Maintal 8 Mainta	<u> </u>			172			
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4 Diabetes Melitus	3 Chronic Asthma		8 Malaria 🔲 🛱				
t 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. Signature of Foldon Worker	1		9 Operations 🔲 🖊				
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations			<u> </u>				
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