UC

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

Winnie Medical Centre
Blk 81 Macpherson Lane #01-35 Singapore 360081

ZIN MAR HLAING

IC :MD096417 DOB :15-Aug-1994
Sex :Female
PID :P166102
Reg. Date :31-Jan-19 02:42PM HP :

MINISTRY OF MANPOWER

Full Medical Exar

All parts in this form are to be completed by a …**e endorsed by the doctor who completes this form. The foreign worker's Trave** …**tion.**

Part I Personal Particulars of Foreign Worker

Name: _____ Passport No._____ Sex: *Male / Female Height: 153 cm

Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 51 kg

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

		Yes	No	If yes, give brief details
1	Mental illness	☐	☑	
2	Epilepsy	☐	☑	
3	Chronic Asthma	☐	☑	
4	Diabetes Mellitus	☐	☑	
5	Hypertension	☐	☑	
6	Tuberculosis	☐	☑	
7	Heart Disease	☐	☑	
8	Malaria	☐	☑	
9	Operations	☐	☑	

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.

X ZIN MAR HLAING 31 JAN 2019

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.)	☐
a Blood Pressure Systolic: 120 Diastolic: 80	☐		
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 symptoms suggestive of Myocardial ischaemia)	☐		
d Severe varicose veins	☐	2 Urine	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	a Albumin	☐
3 Respiratory System	☐	b Sugar	☐
4 Abdomen		c Pregnancy	☐
a Hernia	☐	3 VDRL	☐
b Enlarged Liver	☐	4 Hearing – unable to hear ordinary conversation at 2m	☐
c Enlarged Spleen	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
d Genito-Urinary System	☐	a Vision Acuity	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	i) Right eye	☐
		ii) Left eye	☐
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	☐
a Significant limb amputation or deformity	☐	c Any organic eye disease, e.g. Trachoma	☐
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 Work required to be performed)	☐	**Note:** 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	☐		
8 Mental state	☐		

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

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

Signature of Doctor: Dr Leong Chee Lum

Date: 01 FEB 2019

Telephone Number:

MCR No. 01947Z

*Delete where inapplicable

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.