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

MINISTRY OF MANPOWER

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

AH PHAW
IC :MC535330 DOB :20-Dec-1993
Sex :Female
PID :P161215
Reg. Date :03-May-19 03:16PM HP :

Full Me[...] orkers

All parts in this form are to be co[...] ents must be endorsed by the doctor who completes this form. The foreign w[...] for identification.

Part I Personal Particulars of For[...]

Name: ______ *Male / Female Height: 150 cm

Occupation: ______ [...]nship: ______ Weight: 40 kg

Part II Medical History (To be decla[...])

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

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.

Phaw — 03 MAY 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: Diastolic: 105/70	☐		
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)	☐	2 Urine	☐
d Severe varicose veins	☐	a Albumin	☐
2 Anaemia (if clinically anaemic, do HB: ______ g%)	☐	b Sugar	☐
3 Respiratory System	☐	c Pregnancy	☐
4 Abdomen		3 VDRL	☐
a Hernia	☐	4 Hearing – unable to hear ordinary conversation at 2m	☐
b Enlarged Liver	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
c Enlarged Spleen	☐		
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:**	
7 Endocrine disorders, e.g. thyrotoxicosis	☐	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry	
8 Mental state	☐	of Health.	

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 Foo Jong-Hiang MCR: 08896Z

Date: 04 MAY 2019

Telephone Number:

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.

The information is updated on 27 Mar 2018