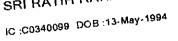
Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg Whithis Medical Centre BIV 31 Machherson Laus #01 35 Singapora 360031

## SRI RATIH RAHAYU





**Full Medical Exar** 

	Sex : Female		
All narts in this form are to be completed by a	0263	<sub>un-18</sub> 02:02PM HP :	endorsed by the doctor who on.
Part I Personal Particulars of Foreign Worker	Reg Date . 10	_	. le
Name:	Passont No	Sey: *Male / Fem	ale Height: \( \frac{\frac{1}{\finn}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\finn}}}}}{\frac{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{\frac{1}{
Occupation:	Passpull No	Climpobin	Melaht: ka
Occupation:	_ Date of Birth	ı; Cilizensnip:	vveight: kg
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give I  Mental iliness	orief details	Yes No 6 Tuberculosis	If yes, give brief details
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.			
XFA			1 3 JUN 2018
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 a Blood Pressure Systolic: Diastolic: b Heart Disease c ECG (compulsory for male Thai workers & others		1 Chest X-ray – to be taken in Singa abnormalities and other findings in lung lesion, please state here and radiological report to this form.)	cluding no active
above age 50, and in younger applicants where it indicated, e.g. persons with cardic murmurs or	5		
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins		2 Urine a Albumin	
	%) 🗆	b Sugar	
3 Respiratory System		c Pregnancy	
4 Abdomen a Hernia		VDRL     Hearing – unable to hear ordinary	conversation at 2m
b Enlarged Liver	10 1	5 Vision (should be at least 6/12 in b	
c Enlarged Spleen		or without glasses.)	
d Genito-Urinary System  5 Skin-Chronic Disease (e.g. leprosy, widespread	┸	a Vision Acuity i) Right eye	
eczema, psoriasis, etc)		ii) Left eye	
6 Locomotor/Neurological		b Colour Vision (for electricians & dri	ivers only)
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trac	choma
b Limb movement and co-ordination c Significant spinal deformity		6 Blood film for Malaria 7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	-
Work required to be performed)		HIV (AIDS) Test and blood film f	I
7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state		done at laboratories approved by of Health.	y the Ministry
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)  Signature of Doctor:			
(in BLOCK Letter) VVINNIE Medic	al Pte Ltd		MBBS, Dyu
Clinic Address: Blk 81 Macpnerson		Date:	SM.C. Vo: 00337
- Singapore 360001		Telephone Number:	The second second
*Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 1 4 JUN 2018			
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.			