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

Winnie Herlical Cente Bik S1 Macpherson Lane ≠01-35 Singapore 360031

RAHMI

IC :A6580230 DOB :24-Apr-1989

Sex :Female



1 6 AUG 2018

orkers Full Med PID:P173964 Reg. Date :15-Aug-18 02:50PM HP: ents must be endorsed by the doctor who All parts in this form are to be con for identification. completes this form. The foreign we Personal Particulars of Foreign Worker ____ Sex: "Male / Female Passport No._____ ____ Citizenship: ____ Date of Birth: Occupation: _ Part !! Medical History (To be declared and signed by the foreign worker) If yes, give brief details If yes, give brief details Tuberculosis Mental illness Heart Disease 7 Epilepsy 8 Malaria Chronic Asihma 3 Diabetes Mellitus Operations 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. 1 5 AUG 2018 RACEON Date Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Abnormal Other Tests Abnormal Clinical Examinations Chest X-ray - to be taken in Singapore (*For any Cardiovascular System abnormalities and other findings including no active Blood Pressure lung lesion, please state here and attach the chest Systolic: radiological report to this form.) Diastolic: П Heart Disease ō ECG (compulsory for male Thal workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or 2 Urine symptoms suggestive of Myocardial ischaemia) $\bar{\Box}$ a Albumin Severe varicose veins $\overline{\Box}$ Sugar 2 Anaemia (if clinically anaemic, do HB: g%) $\overline{\Box}$ Pregnancy Respiratory System VORL Abdomen 4 Hearing - unable to hear ordinary conversation at 2m Hernia а \Box Vision (should be at least 6/12 in both eyes with b **Enlarged Liver** or without glasses.) **Enlarged Spleen** C Vision Aculty Genito-Urinary System i) Right eye 5 Skin-Chronic Disease (e.g. leprosy, widespread ii) Left eve eczema, psoriasis, etc) Colour Vision (for electricians & drivers only) 6 Locomotor/Neurological Any organic eye disease, e.g. Trachoma Significant limb amputation or deformity Blood film for Malaria 6 Limb movement and co-ordination HIV (AIDS) Significant spinal deformity Other significant abnormalities (in relation to the Note: HIV (AIDS) Test and blood film for Malaria must be Work required to be performed) done at laboratories approved by the Ministry 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. Winnie Medical Pte Ltd Name of Doctor: Blk 81 Macpherson Lane #01-35 Signature of Doctor: (in BLOCK Letter) Singapore 360081 Date: Clinic Address: Dr Leong Chee Lum Tel: 6842 7842 Fax: 6743 0954 Telephone Number: MCR No. 01947Z

*Delete where inapplicable