



THIAN ZA NEI KIM

IC :MC219110 DOB :06-Sep-1993

Sex :Female

PID :P175380

Reg. Date :10-Sep-18 03:35PM HP :

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ts must be endorsed by the doctor who
Identification.

Full Medic

All parts in this form are to be comp
completes this form. The foreign work

Part I Personal Particulars of Foreign

Name: _____ Passport No. _____ Sex: *Male / Female Height: 153 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 50 kg

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

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

2 Kim

10 SEP 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		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:			
b Heart Disease		2 Urine	
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial ischaemia)		a Albumin	
d Severe varicose veins		b Sugar	
2 Anaemia (if clinically anaemic, do HB: _____ g%)		c Pregnancy	
3 Respiratory System		3 VDRL	
4 Abdomen		4 Hearing - unable to hear ordinary conversation at 2m or without glasses.)	
a Hernia		5 Vision (should be at least 6/12 in both eyes with or without glasses.)	
b Enlarged Liver		a Vision Acuity	
c Enlarged Spleen		i) Right eye	
d Genito-Urinary System		ii) Left eye	
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)		b Colour Vision (for electricians & drivers only)	
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	
a Significant limb amputation or deformity		6 Blood film for Malaria	
b Limb movement and co-ordination		7 HIV (AIDS)	
c Significant spinal deformity		Note:	
d Other significant abnormalities (in relation to the Work required to be performed)		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: Winnie Medical Pte Ltd

(in BLOCK Letter) Blk 81 Macpherson Lane #01-35

Clinic Address: Singapore 360081

Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor: _____

Date: _____

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.

WPCM 015

The information is updated on 27 Mar 2018

11 SEP 2018