



UNITED

MEDICAL EXAM DUE DATE 01 Dec 2020

0 9446630-

G8730852P



## Use iSubmit to send this to MOM whatever the results

The completed medical form must be submitted to us. Please use iSubmit (mom.gov.sg/iSubmit) and select Option 5 as the 'Request Type'. Most clinics do this on behalf of the employer.

Hel	per	con	sent
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I, MAY LWIN OO, hereby give my consent for this medical examination report to be released to my employer and the Ministry of Manpower after it is completed by the examining doctor.

Foreign Domestic Worker's Signature

Date (DD-MM-YYYY)

10 NOV 2020

May

I certify that the person examined is the holder of the work permit indicated above and the results of the required medical tests are as follows:

Tests	Negative / Non-Reactive	Positive / Reactive
Pregnancy		
VDRL		
HIV - must be done at Laboratories approved by the Ministry of Health.		
Chest X-Ray to screen for TB		

Please enclose the actual medical reports (e.g. Chest X-Ray film) only if the test results are positive. If you notice signs of abuse, refer the helper immediately to the Police or MOM for help.

MCR: 06332J

## Certification

I certify that I have examined the above-named person and my findings are as above.

Name of Examining Doctor (in block letters):

Clinic's Name & Address:

Kingston Medical Clinic Pte Ltd

UEN 201726945Z

Signature of Examining Doctor: DR POH WEE MIN

Telephone No.:

155 Upper Paya Lebar Road Singapore 534853

+65 8891 0283

Kingstonmedicalhelpdesk@gmail.com

Date (DD-MM-YYYY):

10 NOV 2020



## Paya Lebar **Medical Imaging**

155 Upper Paya Lebar Road Singapore 534853

Patient Name : MAY LWIN OO Patient ID : MD544415 Sex/Age : Female / 35Y

Study Date Accession No: Referral Doctor

: 10-Nov-2020 : 5faa583c20389b0

## **CHEST**

No active lung lesions. The heart size is normal.

Dr. Mark Tan MBBS(S'pore), FRCR (UK), MMed, FAMS **Consultant Radiologist** 

Date reported: 10-Nov-2020 20:07:56

This is a computer generated report. No signature is required. Please seek medical advise if result is abnormal.



PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

45 Kallang Pudding Road #05-01/04 Alpha Building Singapore 349317 Tel: (65) 67429011 (8 Lines) Fax: (65) 67429226 E-mail: pathlabs@singnet.com.sg RCB No. 197200753W

Client ID:

21339

Patient: MAY LWIN OO

KINGSTON MEDICAL CLINIC

PTE LTD

155 UPPER PAYA LEBAR ROAD

SINGAPORE 53485-3

IC/PP..: MD544415

Ref. No:

Age....: 35 Sex: F

Request Date: 11/11/2020

Report Date : 11/11/2020 Lab Number..: 11943575

Page Number: 1

\*\* FINAL REPORT \*\*

Results Units Test Name Reference Range WK1 Profile 梅毒检验 VDRL Negative 爱滋病抗体 HIV I & II Ab Negative

End of Report