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

Winnie Medical Centre Blk 91 Macpherson Larte #01-35 Singapore 360081



MAY SAN NU

Cardiovascular System Blood Pressure Systolic: Diastolic: Di	Full Medic IC:MD807816	DOB :15-Jul	-1992 <u>'</u> kers	
Name:	All parts in this form are to be com			octor who
Part II Mental illness	Part I Personal Particulars of Forel Reg. Date :27-D	ec-18 08:31	AM HP:	_
Part II Mental illness	Name	Dassnort No	Say: *Male / Esmale Height	152
Part II Mental illness	Occupation:	Data of Rieth	. Sex. Wate / Female Reight:	(2 kg
Mental illness September	Occupation.	Date of Biltin	Onzensitp; weight;_	Kg
1 Mental illness	Part II Medical History (To be declared and signed by t	he foreign wo	orker)	
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Abnormal Cardiovascular System Blood Pressure Systolic: Diastolic: Diasto	1 Mental illness	detalls	6 Tuberculosis	talls
Part Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.	be released to the Ministry of Manpower, my employer, and also $\ensuremath{\mathcal{G}}$		nent agent who assisted in my work permit application.	y the doctor to
Clinical Examinations	Signature of Foreign Worker		· Date	
1 Cardiovascular System a Blood Pressure Systolic: Diastolic: Heart Disease C 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 symptoms suggestive of Myocardial Ischaemia) Severe varioses veins A Respiratory System Definition of the state of	-	,	· · · · · · · · · · · · · · · · · · ·	.,
a Blood Pressure Systolic: Diastolic: Diasto		Abnormal		Abnormal
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)	a Blood Pressure Systolic: Diastolic: b Heart Disease c ECG (compulsory for male Thai workers & others		abnormalities and other findings including no active lung lesion, please state here and attach the chest	
C Pregnancy	indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia)			
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System				
a Hemia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System Genito-Urinary System Sikin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) a Significant limb amputation or deformity b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) Tendocrine disorders, e.g. thyrotoxicosis Mental state Name of Doctor (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: Clinic Address: Delete where Inapplicable A Hearing — unable to hear ordinary conversation at 2m 5 Vision (should be at least 6/12 in both eyes with or without glasses). 5 Vision (should be at least 6/12 in both eyes with or without glasses). 7 Vision (should be at least 6/12 in both eyes with or without glasses). 8 Colour Vision (for electricians & drivers only) C Any organic eye disease, e.g. Trachoma C Significant shand a drivers only) C Any organic eye disease, e.g. Trachoma C Blood film for Malaria C Any organic eye disease, e.g. Trachoma C Blood film for Malaria C Any organic eye disease, e.g. Trachoma C Any organic eye disea			·-····································	
c Enlarged Spleen d Genito-Urinary System D Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) c Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) c Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) Work required to be performed) C Endocrine disorders, e.g. thyrotoxicosis B 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 / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Clinic Address: Clinic Address: Tel: 6842 7842 Fax: 6743 0954 Telephone Number: Or without glasses.) a Vision Acuity D Rift teye D Colour Vision (for electricians & drivers only) Cloud Figure Spin terms on the colour standard and co-ordination or Any organic eye disease, e.g. Trachoma Clinic Address: Tel: 6842 7842 Fax: 6743 0954 Telephone Number: Or without glasses.) Vision Acuity D Rift eye D Colour Vision (for electricians & drivers only) Colour Vision (for electricians &			4 Hearing - unable to hear ordinary conversation at 2m	+
d Genito-Urinary System				
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) In Right eye In Rig			· ,	1 -
6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor It 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 / Unit for employment in the above-stated occupation. Name of Doctor: (In BLOCK Letter) Clinic Address: Clinic Address: Clinic Address: Clinic Address: Delete where inapplicable Declar Vision (for electricians & drivers only) Conygranic eye disease, e.g. Trachoma 6 Blood film for Malaria Clinic Address: HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Part IV Certification from the Doctor It certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this Part IV Unit for employment in the above-stated occupation. Name of Doctor: Winnie Medical Pte Ltd Signature of Doctor: Signature of Doctor: Winnie Medical Pte Ltd Signature of Doctor: Tel: 6842 7842 Fax: 6743 0954 Telephone Number: 2 7 DEC 2018	5 Skin-Chronic Disease (e.g. leprosy, widespread		•	
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Doctors to Note:	I certify that I have examined the above-named foreign worker for person is *Fit / Unit for employment in the above-stated occupation of Doctor. (in BLOCK Letter) Clinic Address: Clinic Address: Winnie Medical Sik 81 Macpherson Singapore 360081	ion. cal Pte 1 Lane #01	Ltd 35 Signature of Doctor: Date: Telephone Number: Signature of Doctor: 5.M.C. No. 00	D. 337 '7'
Plance apply the completed modified form back to the ampleyor Lampleyment spent growthy so that they can get the work nace include			-	