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

MINISTRY OF MANPOWER

Kingston Medical (Created by: 11069) - Visit Label

NAME :ZIN MYO NWE
NRIC/PP No :MH489214
NATIONALITY :Myanmar
D.O.B :02/06/1989 SEX:Female
OCCUPATION :FDW
(GLOBAL UNITED)
WDP5, COV2S

ion Form For Foreign Workers

All **com** ore registered doctor. Any amendments must be endorsed by the doctor who ent must be produced to the doctor for identification.

Part

Na Passport No._____ Sex: *Male / Female Height: 157 cm

Oc Date of Birth: _____ Citizenship: _____ Weight: 56 kg

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

		Yes	No	If yes, give brief details
1	Mental illness	☐	☑	
2	Epilepsy	☐	☑	
3	Chronic Asthma	☐	☑	
4	Diabetes Mellitus	☐	☑	
5	Hypertension	☐	☑	
6	Tuberculosis	☐	☑	
7	Heart Disease	☐	☑	
8	Malaria	☐	☑	
9	Operations	☐	☑	

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.

Zin — 27 JUL 2023

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 118/78 Systolic: Diastolic:	☐	Declare Not Pregnant L.M.P 27/07/2023 Patient's Signature: Zin	
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 cardic murmurs or symptoms suggestive of Myocardial ischaemia)	☐	a Albumin Neg	☐
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	☐
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 6/6	☐
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:** HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
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

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) DR POH WEE MIN MCR:06332J MBBS

Signature of Doctor:

Clinic Address: KINGSTON MEDICAL CLINIC PTE LTD

250 SIMS AVENUE #01-01, SINGAPORE 387513

Date: 27 JUL 2023

Telephone Number: +65 88612806

*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.

The information is updated on 27 Mar 2018

KINGSTON MEDICAL GROUP

Kingston Medical Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name	: **ZIN MYO NWE**	*Study Date*	: **2023-07-27**
NRIC No	: **MH489214**	*Accession No.*	: **KMA23039064**
Age/Sex	: **F/34Y1M**	*Referral Doctor*	: **DR POH WEE MIN**

CHEST PA

CHEST X-RAY

No active lung lesions.
The heart size is normal

DR MARK TAN
2023-07-27 08:13:42

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

Eurofins Clinical Diagnostics Pte Ltd
(Company Registration No. 201920897Z)
1 International Business Park, #03-17
The Synergy, Singapore 609917
Tel: +65 67978898 Fax: +65 67978897

LABORATORY REPORT

ZIN MYO NWE [Female / 34 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)
250 SIMS AVE
#01-01 SPCS BUILDING
SINGAPORE 387513
Area : GEY

DR POH WEE MIN

NRIC/FIN/PP	: MH489214
MRN/Ref No	: KMGP23043321
Lab ID	: **23AN3000**
Date Received	: 27-Jul-2023 18:18
Report #	: 1513969
Date Reported	: 27-Jul-2023 19:24

Test Ordered : COV2S

TEST		RESULT	REF. RANGE
COVID-19 TESTING (SEROLOGY)			
Anti-SARS-CoV-2 S	新型冠状病毒抗体 S	Reactive	
Anti-SARS-CoV-2 S Quant	新型冠状病毒抗体 S（定量）	>250.00 U/mL	

Comment: Positive for anti-SARS-CoV-2-S.
Correlation with epidemiologic risk factors and other clinical findings is recommended.
Test was performed using the Roche Elecsys Anti-SARS-CoV-2 S assay.

Print Date : 27-Jul-2023 19:42

Final

Dr. Jennifer Teo
MBBS, FRCPA, FAMS
Medical Director

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Eurofins Clinical Diagnostics Pte Ltd
(Company Registration No. 201920897Z)
1 International Business Park, #03-17
The Synergy, Singapore 609917
Tel: +65 67978898 Fax: +65 67978897

LABORATORY REPORT

ZIN MYO NWE [Female / 34 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE
#01-01 SPCS BUILDING
SINGAPORE 387513

Area : GEY

DR POH WEE MIN

NRIC/FIN/PP	: MH489214
MRN/Ref No	: KMGP23043321
Lab ID	: **23AN2998**
Date Received	: 27-Jul-2023 18:18
Report #	: 1514026
Date Reported	: 27-Jul-2023 19:42

Test Ordered : WOP5

TEST		RESULT	REF. RANGE
WORK PERMIT SCREEN			
Malarial parasites	疟原虫	Negative	(Negative)
HIV Ag/Ab	爱滋病抗原/抗体	Non-reactive	(Non-reactive)
VD (Syphilis TP Ab)	梅毒检验	Non-reactive	(Non-reactive)

Print Date : 27-Jul-2023 19:56

Final

Dr. Jennifer Teo
MBBS, FRCPA, FAMS
Medical Director

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS