Work Pass Division
18 Havelock Road

Kingston Medical (Created by: Admin (HQ)) - Visit Label

NAME WINT WAR PHYU
NRIC/PP No :MK294179
NATIONALITY :Myanmar
D.O.B :15/05/1999 SEX :Female
OCCUPATION :FDW
((GLOBAL UNITED))
WOP5, MMR II

Ministry of Manpower

Examination Form For Foreign Workers

...pore-registered doctor. Any amendments must be endorsed by the doctor who completes ...st be produced to the doctor for identification.

_____ Travel Document No._____ Sex: *Male / Female Height: 155 cm

Occupation: _____ Date of Birth: _____ Nationality/Citizenship: _____ Weight: 54 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.

17 OCT 2025

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
1 Cardiovascular System	
a Blood Pressure 118/80 Systolic: Diastolic:	☐
b Heart Disease	☐
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)	☐
d Severe varicose veins	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐
3 Respiratory System	☐
4 Abdomen	
a Hernia	☐
b Enlarged Liver	☐
c Enlarged Spleen	☐
d Genito-Urinary System	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐
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	☐

Other Tests	Abnormal
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.) Declare Not Pregnant L.M.P: 6/10/25 Patient's Signature:	☐
2 Urine	☐
a Albumin) Neg	☐
b Sugar	☐
c Pregnancy	☐
3 VDRL	☐
4 Hearing – unable to hear ordinary conversation at 2m	☐
5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
a Vision Acuity	
i) Right eye > 6/12 with glasses	☐
ii) Left eye	☐
b Colour Vision (for electricians & drivers only)	☐
c Any organic eye disease, e.g. Trachoma	☐
6 Blood film for Malaria	☐
7 HIV (AIDS) **Note:** HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐

Part IV Vaccination given (please provide details, if any)

Type of vaccine	Brand of vaccine	Dose (1st / 2nd / 3rd)

Part V 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
Clinic Address: KINGSTON MEDICAL CLINIC PTE LTD
250 SIMS AVE SPCS BUILDING #01-01 SINGAPORE 387513

Signature of Doctor:
Date: 17 OCT 2025
Telephone Number: +65 65149008

*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 7 Jul 2025

KINGSTON MEDICAL GROUP

Kingston Medical Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name	: **WINT WAR PHYU**	*Study Date*	: **2025-10-17**
NRIC No	: **MK294179**	*Accession No.*	: **KMA25077805CAY**
Age/Sex	: **F/26Y5M**	*Referral Doctor*	: **DR POH WEE MIN**

CHEST PA

2025-10-17 19:14:32

CHEST X-RAY

No active lung lesions.
The heart size is normal.

DR MARK TAN
MBBS (S'pore), FRCR (UK), MMed, FAMS,
Senior Consultant Radiologist

2025-10-17 19:14:32

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

WINT WAR PHYU [Female / 26 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE
#01-01 SPCS BUILDING
SINGAPORE 387513

DR POH WEE MIN

Area : GEY KING07

NRIC/FIN/PP	: MK294179
MRN/Ref No	: KMGP25069816
Lab ID	: **25AZ1337**
Date Received	: 17-Oct-2025 18:28
Report #	: 2251732
Date Reported	: 17-Oct-2025 20:23

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 : 17-Oct-2025 20:24

Final

Dr. Jennifer Teo
MBBS, FRCPA, FAMS
Medical Director

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS