

NAME: PHYO THANDAR OO
NRIC/PP No: MK408485
NATIONALITY: Myanmar
D.O.B: 11/03/1999 SEX: Female
OCCUPATION: FDW
((GLOBAL UNITED))
WOPS, MMR II

I Examination Form For Foreign Workers

Singapore-registered doctor. Any amendments must be endorsed by the doctor who completes this form. This form must be produced to the doctor for identification.

Travel Document No. _____ Sex: *Male / Female Height: 142 cm
Date of Birth: _____ Nationality/Citizenship: _____ Weight: 43 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.

16 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	Other Tests	Abnormal
1 Cardiovascular System	<input type="checkbox"/>	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.)	<input type="checkbox"/>
a Blood Pressure	<input type="checkbox"/>	Declare Not Pregnant	<input type="checkbox"/>
Systolic: 124	<input type="checkbox"/>	L.M.P: 10/10/25 Patient's Signature: Pyp	<input type="checkbox"/>
Diastolic: 84	<input type="checkbox"/>		<input type="checkbox"/>
b Heart Disease	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
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)	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	i) Right eye 56/12	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	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	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

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

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

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: DR POH WEE MIN MCR: 06332J MBBS
(in BLOCK Letter)
Clinic Address: KINGSTON MEDICAL CLINIC PTE LTD
250 SIMS AVE SPCS BUILDING #01-01 SINGAPORE 387513Signature of Doctor: _____
Date: 16 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.



KINGSTON MEDICAL GROUP

Kingston Medical Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name	: PHYO THANDAR OO	Study Date	: 2025-10-16
NRIC No	: MK408485	Accession No.	: KMA25077535VAV
Age/Sex	: F/26Y7M	Referral Doctor	: DR POH WEE MIN

CHEST PA

2025-10-16 16:39:18

CHEST

No active lung lesion is seen.
The heart size is normal.

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

2025-10-16 16:39:18

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

PHYO THANDAR OO [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 : MK408485

MRN/Ref No : KMGP25069564

Lab ID : **25AZ0135**
Date Received : 16-Oct-2025 18:24

Report # : 2250076

Date Reported : 16-Oct-2025 19:43

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)