KT1UNITEDCHANNEL

From: noreply_isubmit@mom.gov.sg
Sent: 15 May, 2017 8:06 PM
To: admin1@unitedchannel.net; sc8@unitedchannel.net
Subject: Notification of Successful Submission for iSubmit

Dear Sir/Madam,

We acknowledge receipt of your request dated 15/05/2017. Your request Id is DPS1705150904. A summary of your submission is provided below:

Salutation	Ms
Name	Sharon Palma
Email	admin1@unitedchannel.net
Alternate Email	sc8@unitedchannel.net
Identification No	FIN XXXXX933L
Mobile Phone No	XXXX1907
Home Tel No	
Office Tel No	XXXX8807
Fax No	
Worker Name	MOE MOE AYE
Worker Identification No	Work Permit Number 0 XXXX5216
Employer Name	KOH AUN-NI ANNIE
Employer UEN No	
Request Type	5. Work Permit Application Matters for FDW (Supporting Documents and Appeals) and 6ME for FDW & FW
My Request is on	Requests on FDW matters
Subject	URGENT! UPDATE ON FDW (APS) MEDICAL REPORT
Message	Attn: Officer In Charge Fdw Name: MOE MOE AYE W/P No: 0 93035216 The above mentioned FDW was arrived in Singapore on 23/01/2017 under Advance Placement Scheme (APS). Once she arrived S'pore on 23/01/2017 we send her for medical check -up . The employer received a letter from MOM request for the medical report. Attached the medical report and letter that employer received via email from MOM. Thank you.
CRM Ref No	
Number of Attachments	1
Submitted on	Mon May 15 2017 08:05:36 SGT
Declaration	I declare that I am authorised to submit the information and/or documents, and that all information provided above

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

MINISTRY OF MANPOWER

Full Medical E

Winnie Medical Centre
Blk 81 Macpherson Lane #01-35 Singapore 360081

All parts in this form are to be completed ... nust be endorsed by the doctor who completes this form. The foreign worker's Tr... tification.

MOE MOE AYE

Part I Personal Particulars of Foreign Work

IC :MA635744 DOB :19-Apr-1979
Sex :Female
PID :P147893
Reg. Date :23-Jan-17 02:47PM HP :

Name: _____ / Female Height: 154 cm
Occupation: DOMESTIC WORKER Weight: 43 kg

Part II Medical History (To be declared an...

		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.

Moe Moe Aye
Signature of Foreign Worker Date 23 JAN 2017

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 Systolic: 112 Diastolic: 80	☐		
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 cardiac murmurs or symptoms suggestive of Myocardial Ischaemia)	☐		
d Severe varicose veins	☐	2 Urine	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	a Albumin	☐
3 Respiratory System	☐	b Sugar	☐
4 Abdomen		c Pregnancy	☐
a Hernia	☐	3 VDRL	☐
b Enlarged Liver	☐	4 Hearing – unable to hear ordinary conversation at 2m	☐
c Enlarged Spleen	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
d Genito-Urinary System	☐	a Vision Acuity	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	i) Right eye	☐
		ii) Left eye	☐
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	☐
a Significant limb amputation or deformity	☐	c Any organic eye disease, e.g. Trachoma	☐
b Limb movement and co-ordination	☐	6 Blood film for Malaria	☐
c Significant spinal deformity	☐	7 HIV (AIDS)	☐
d Other significant abnormalities (in relation to the Work required to be performed)	☐	**Note:** 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	☐		
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 Leong Chee Lum
Clinic Address: MCR No. 01947Z Winnie Medical Pte Ltd
Blk 81 Macpherson Lane #01-35
Singapore 360081
Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor: _____
Date: 24 JAN 2017
Telephone Number: _____

** Delete where inapplicable*

Doctors to Note:
Please give a copy of the completed medical form to the employer / employment agent if he / she asks for it.

Sales Consultant

From: anniekohaunni [anniekohaunni@gmail.com]
Sent: Sunday, May 14, 2017 12:56 PM
To: sc1@unitedchannel.net
Subject: Fwd: We have not received your helper's medical examination report
Attachments: SixMonthlyMedicalExamForm.pdf; calendar.png; checkmark.png; checkmark-dark.png; alert.png

Sent from my Samsung Galaxy smartphone.

-------- Original message --------
From: MOM WPD <wpd_do_not_reply@mom.gov.sg>
Date: 14/05/2017 09:33 (GMT+08:00)
To: anniekohaunni@gmail.com
Subject: We have not received your helper's medical examination report

MINISTRY OF MANPOWER

We have not received your helper's medical examination report

MOE MOE AYE

FIN	WP NO
G2171608T	0 93035216

Dear KOH AUN-NI ANNIE

We wrote to you to ask that you send your helper for her six-monthly medical examination. However, we have not yet received the doctor's report.

If your helper has yet to go for her examination, please send her to a Singapore-registered doctor for examination. Make sure she brings along the attached medical form and her work permit card. You may print out the attached medical examination form or wait for the hardcopy which you will receive within a week.

If your helper has already gone for the medical, then you or your doctor must scan the completed form and send it to us using iSubmit (mom.gov.sg/iSubmit). Select option 5 under 'Request

Type'.

To find out if we have received the report, you may log into (services.mom.gov.sg/workpass) 3 working days after you or your doctor submits the medical form to us.

Please ignore this letter if you have cancelled your helper's work permit.

Yours sincerely

Wong Chai Yuen
For the Controller of Work Passes

IMPORTANT
If we do not receive your helper's completed medical form by 04 Jun 2017, her work permit may be revoked.

Six-monthly medical examination

EMPLOYER'S COPY

MINISTRY OF MANPOWER

SD1068171

KOH AUN-NI ANNIE
496D TAMPINES AVENUE 9
#07-538
SINGAPORE 520496

12 Feb 2017

We need to see the results of your helper's medical examination

HELPER'S NAME
MOE MOE AYE UCE

FIN
G2171608T

WP NO
0 93035216

Dear KOH AUN-NI ANNIE

Your helper needs to go for her six-monthly medical examination by 21 Mar 2017.

Please follow the steps on the right to send her for an examination. You will need to inform MOM of the results, no matter if they are positive or not.

There is no need for your helper to go for this examination if you plan to cancel her work permit before 21 Apr 2017.

Yours sincerely

Wong Chai Yuen
For the Controller of Work Passes

What happens next?

1. **Send your helper to a Singapore-registered doctor for the examination. Make sure she brings along the attached medical form and her work permit card.**
2. **You or your doctor must scan the completed form and send it to us using iSubmit** (mom.gov.sg/iSubmit)**. Select option 5 under 'Request type'.**
3. **To find out if we have received the report, you may log into** services.mom.gov.sg/workpass **3 working days after you or your doctor submits the medical form to us.**

⚠ IMPORTANT

You must inform MOM of your helper's medical test results by the due date. Otherwise, your helper's work permit may be revoked.

Six-monthly Medical Examination Form

TYPE A

MINISTRY OF MANPOWER

MEDICAL EXAM DUE DATE
21 Mar 2017

HELPER'S NAME
MOE MOE AYE

Use iSubmit to send this to MOM whatever the results

FIN
G2171608T

WP NO
0 93035216

Helper consent

I 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)

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.

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 Stamp & Address:
Signature of Examining Doctor:	Telephone No.:
	Date (DD-MM-YYYY):