Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg Winnie Medical Cento Bit 31 Mappherson Lane #01:35 Singapore 380091

NOK RAHAYU

IC :AU146611 DOB :12-Mar-1990

MINISTRY OF MANPOWER

All parts in this form are to be completed by a templetes this form. The foreign worker's Taves Reg. Date :24-Jul-18 08:38AM HP; Past I Personal Particulars of Foreign Worker's Taves Reg. Date :24-Jul-18 08:38AM HP; Past I Personal Particulars of Foreign Worker's Taves Reg. Date :24-Jul-18 08:38AM HP; Past I Menical Particulars of Foreign Worker's Reg. Date :24-Jul-18 08:38AM HP; Print I Medical History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (To be declared and signed by the foreign worker) Monital History (Monital History) Monital History (Monital History) Part (Monital History) Monital History (Monital	Full Medical Exam Sex	:Female			
Interest to this form. The foreign worker's Travel Part Personal Particulars of Foreign Worker Name:	PID :	P172605	endowed by the dr	ctor who	
Name: Passport No. Sex: "Male / Female Height: Orn	All parts in this form are to be completed by a completes this form. The foreign worker's Travel Reg.	Suggisted by the doctor with			
Manifal liness	Part Personal Particulars of Foreign Worker				
Manifal liness	Name:	Passport No.	Sex: "Male / Female Height:	cm cm	
Manifal liness	O-mandian:	Date of Birth	Citizenship: Weight: 1	- ¥ kg	
Mental iliness Yes No If yes, give brief details S Tuberculosis Pear No If yes, give brief details S Tuberculosis Pear No If yes, give brief details Pear					
1 Markal liness S Tuberculosis S Abataria S Malaria S Ma					
Signature of Foreign Worker Date Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Cardiovascular System Chercipe	1 Mental illness		6 Tuberculosis		
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations	be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.				
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilnical Examinations Abnormal Other Tests Cardiovascular System Cardiovascular Syst	Sharehan of English Marker				
Claridouscular System 1 Chest X-ay – 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: 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 mumurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose velns 2 Anaemia (if clinically anaemic, do HB: 2 Anaemia (if clinically anaemic, do HB: 3 Respiratory System 4 Abdomen 4 Hernia 5 Enlarged Liver 6 Enlarged Spleen 6 Genito-Urinary System 7 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 6 Locomotor/Neurological a Significant ilmb 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 Certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this Part IV Certification from the Doctor Certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this Part IV Certification from the Doctor Certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this Part IV Certification from the Doctor Clinic Address: Bit. 81 Macnpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Telephone Number: 2 Urine Albumin 2 Urine Albumin D Abdumin D Complete where inapplicable Abdumin D Complete where inapplicable Abdumin D Complete and attach the chest radiological report to this form.) Babovaria and the chest radiological report to this form.) 2 Urine Albumin D Color Vision (for electricians & drivers only) D Color Vision	Clinical Examinations	Abnormal			
Systolic: Diastolic: D	1 Cardiovascular System		1 Chest X-ray – to be taken in Singapore ("For any		
Diastolic: b Heart Disease 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) 2 Anaemia (if clinically anaemic, do HB: 9%)			abnormalities and other findings including no active		
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 murdurus or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)	Systolic:		radiological report to this form.)		
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 clinicatiy anaemic, do HB: g%)	b Heart Disease / '				
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose velns 2 Anaemia (if clinically anaemic, do HB: g*%)	c ECG (compulsory for male Thai workers & others				
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%)	above age 50, and in younger applicants where it is			ll	
d Severe varicose veins a Albumin 2 Anaemia (if clinically anaemic, do HB: 9%) b Sugar c Pregnancy 3 Respiratory System c Pregnancy c Pregnancy d Abdomen 3 VDRL d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation at 2m d Hearing unable to hear ordinary conversation	symptoms suggestive of Myocardial ischaemia)		2 Urine		
2 Anaemia (if clinically anaemic, do ris. 9/3)			a Albumin		
Respiratory System	2 Anaemia (if clinically anaemic, do HB: g%)				
a Hernia b Enlarged Liver c Enlarged Speen 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 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 / Urifit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Bit 81 Macpherson Lane #01-35 Date: *Delete where inapplicable 1 Hearing — unable to hear ordinary conversation at 2m D tision (should be at least 6/12 in both eyes with or within to within the within both eyes with or within to within the within both eyes with or within to within the within the within the within the within the person is fight eye ii. Left eye Cloud Vision (for electricians & drivers only) C Any organic eye disease, e.g. Trachoma Bit (AIV (AIDS) Test and blood film for Malaria The HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria The HIV (AIDS) The HIV (AIDS) The HIV (AIDS) The HIV (AIDS)		<u> </u>			
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 almotormalities (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) Clinic Address: Bik 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 *Delete where inapplicable Sistant Splead Sylician splicable Sylician spot and blood film for Malaria and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Signature of Doctor: (in BLOCK Letter) Clinic Address: Bik 81 Macpherson Lane #01-35 Date: Singapore 360081 Telephone Number: 5 Vision (should be at least 6/12 in both eyes with or without all backets) I post without glasses.) I vision (should be at least 6/12 in both eyes with or without places) I place the eye without glasses.) I place the eye I	 	ln l			
c Enlarged Spleen d Genito-Urinary System Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) leaved 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) Tendocrine disorders, e.g. thyrotoxicosis 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) Clinic Address: Bik 81 Macpherson Lane #01-35 Date: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 *Delete where inapplicable Or without glasses.) a Vision Acutity i Right eye ii) Left eye ii) Left eye 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 Certification from the Doctor Signature of Doctor: (in BLOCK Letter) Signature of Doctor: Signature of	1 - 1 - 1		5 Vision (should be at least 6/12 in both eyes with		
Skin-Chronic Disease (e.g. leprosy, widespread	}		or without glasses.)		
Skin-Chronic Disease (e.g. lepiosy, Notesphead eczema, psoriasis, etc) ii) Left eye ii) Left eye Colour Vision (for electricians & drivers only) Colour Vision (for electricians & drivers	d Genito-Urinary System		-		
eczema, psoriasis, etc.) 6 Locomotor/Neurological a Significant ilmb 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 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) Clinic Address: Bik 81 Macpherson Lane #01-35 Date: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954			,		
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 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) Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor: Clinic Address: Bit 8.1 Macpherson Lane #01-35 Date: Singapore 360081 Telephone Number: Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954					
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 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) Clinic Address: Bik 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Delete where inapplicable Control of Malaria 7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Signature of Doctor: Clinic Address: Signature of Doctor: Telephone Number: Singapore 360081 Telephone Number: 7 HIV (AIDS) Note: HIV (AIDS) Signature of Doctor: Signature of Doctor: Telephone Number: Singapore 360081 Telephone Number: 7 HIV (AIDS) Note: H			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) 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 / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor: Clinic Address: Bik 81 Macpherson Lane #01-35 Date: Telephone Number: 7 HIV (AIDS) Note: HIV				<u> </u>	
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) Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor: Singapore 360081 Telephone Number: Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954	c Significant spinal deformity		• •		
7 Endocrine disorders, e.g. thyrotoxicosis		⊔	Note:	1	
Rental 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) Clinic Address: Bit 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954	Work required to be performed)	- 	done at laboratories approved by the Ministry]	
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)					
Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Signature of Doctor: Date: Telephone Number: 2 4 JUL 2018	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				
Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Signature of Doctor: Date: 1			Control of the Contro	(7-10-signals	
Clinic Address: Bik 81 Macpherson Lane #01-35 Date:	Name of Doctor:	te Ltd	Signature of Doctor: 2 Chong Kau	k Yan	
Singapore 360081 Telephone Number: 3.4.C. Wo. 00333. Telephone Number: 24 JUL 2018 *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954	WIRTHS WIGHT TO THE TOTAL TOTA			7 X S 2 C	
*Delete where inapplicable Tel: 6842 7842 Fax: 6743 0934 74 JUL 2016	Clinic Address: Bik 81 Macpherson Latte #01-55				
*Delete where inapplicable Tel: 6842 7842 Fax: 6743 0934 74 JUL 2016	Singapore 360081 Telephone Number: 3.741.0.70:00337.77			3.7. 7	
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.	Tel: 6842 7842 Fax: 674	13 0954	24 JUL ZUIB	- 	