



DULAY MARY JANE MAHINAY

IC: EC5427576 DOB: 05-May-1985

Sex: Female

PID: P168633

Reg. Date: 15-Feb-20 09:44AM HP:

Full Medical

All parts in this form are to be completed by the foreign worker.

must be endorsed by the doctor who
certification.

Part I Personal Particulars of Foreign

Name: _____ Passport No. _____ Sex: Male / Female Height: 156 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 59 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.

Signature of Foreign Worker

Date

15 FEB 2020

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 a Blood Pressure Systolic: <u>110/80</u> Diastolic: <u>80</u> 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	2 Urine a Albumin b Sugar c Pregnancy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.) a Vision Acuity i) Right eye ii) Left eye b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<input type="checkbox"/>
8 Mental state	<input type="checkbox"/>		

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: Winnie Medical Pte Ltd

Signature of Doctor: Dr Foo Jong Hiang

Clinic Address: Blk 81 Macpherson Lane #01-35

Date: 17 FEB 2020

Singapore 360081

Telephone Number: _____

Tel: 6842 7842 Fax: 6743 0954

*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.

Winnie X-Ray Centre

Blk 81, Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954

Patient Name : **DULAY MARY JANE MAHINAY**

Age/Sex : **34/F**

Case No : **W1298832**

Referring Doctor : **Dr. Chong Kwok Yan**

NRIC NO : **EC5427576**

Date : **15/02/2020**

Examination **CHEST X-RAY - SCREENING X**

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS

Normal findings.

Electronically signed by:

Dr D. Das MBBS, DMRD (UK)

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PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

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RCB No. 197200753W

Client ID: 33305

Patient: DULAY MARY JANE MAHINAY

WINNIE MEDICAL CENTRE
BLK 81 MACPHERSON LANE
#01-35
SINGAPORE
36008-1

IC/PP.: EC5427576
Age....: 34 Sex: F
Ref. No: P168633

Request Date: 15/02/2020
Report Date : 17/02/2020
Lab Number..: 11752318
Page Number : 1

** FINAL REPORT **

Test Name	Results	Units	Reference Range
WK6 Profile		
VDRL	梅毒检验	Negative	
HIV I & II Ab	爱滋病抗体	Negative	
Malaria Parasite (MP)		Negative	

This is a computer generated report. No signature is required.

Dr. S H Leong, Medical Director