

## Full Medical Examination

## Workers

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

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

Endorsements must be endorsed by the doctor who is the doctor for identification.

### Part I Personal Particulars

LIN LIN

Name: \_\_\_\_\_

IC: MD120697 DOB: 10-Apr-1990

Sex: \*Male / Female

Height: 147 cm

Occupation: \_\_\_\_\_

Sex: Female

Citizenship: \_\_\_\_\_

Weight: 45 kg

PID: P167951

### Part II Medical History (To be completed by the doctor)

Reg. Date: 27-Apr-18 03:52PM HP: \_\_\_\_\_

|                     | Yes                      | No                                  | If yes, give brief details |
|---------------------|--------------------------|-------------------------------------|----------------------------|
| 1 Mental illness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 2 Epilepsy          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 3 Chronic Asthma    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 4 Diabetes Mellitus | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 5 Hypertension      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 6 Tuberculosis      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 7 Heart Disease     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 8 Malaria           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |
| 9 Operations        | <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.

*Lin Lin*

27 APR 2018

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<br>a Blood Pressure<br>Systolic: 121/80<br>Diastolic: _____<br>b Heart Disease<br>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)<br>d Severe varicose veins | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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<br>a Albumin<br>b Sugar<br>c Pregnancy   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |
| 3 Respiratory System   | <input type="checkbox"/>   | 3 VDRL   | <input type="checkbox"/>   |
| 4 Abdomen<br>a Hernia<br>b Enlarged Liver<br>c Enlarged Spleen<br>d Genito-Urinary System  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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.)<br>a Vision Acuity<br>i) Right eye<br>ii) Left eye<br>b Colour Vision (for electricians & drivers only)<br>c Any organic eye disease, e.g. Trachoma | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 6 Locomotor/Neurological<br>a Significant limb amputation or deformity<br>b Limb movement and co-ordination<br>c Significant spinal deformity<br>d Other significant abnormalities (in relation to the Work required to be performed)  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | 6 Blood film for Malaria   | <input type="checkbox"/>   |
| 7 Endocrine disorders, e.g. thyrotoxicosis   | <input type="checkbox"/>   | 7 HIV (AIDS)<br>Note:<br>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:  
(in BLOCK Letter)

Winnie Medical Pte Ltd

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

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.

WPCM 015

The information is updated on 27 Mar 2018

27 APR 2018  
*Dr. Chong Kwok Yan*  
MBBS, DFD.  
S.M.C. No. 00337

# Winnie X-Ray Centre

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

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Patient Name : LIN LIN

Age/Sex : 28/F

Case No : W1155624

Referring Doctor : DR MANINDER SINGH SHAHI

NRIC NO : MD120697

Date : 27/04/2018

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

**CHEST**

No active lung disease.

Normal cardiac and mediastinal outlines.

**COMMENTS**

Normal findings.

**PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.**

45 Kallang Pudding Road #05-01/04 Alpha Building Singapore 349317  
 Tel: (65) 67429011 (8 Lines) Fax: (65) 67429226 E-mail: pathlabs@singnet.com.sg  
 RCB No. 197200753W

Client ID: 33305

Patient: LIN LIN

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

IC/PP...: MD120697  
 Age....: 28 Sex: F  
 Ref. No: P167951

Request Date: 27/04/2018  
 Report Date : 28/04/2018  
 Lab Number...: 11021166  
 Page Number : 1

**\*\* FINAL REPORT \*\***

| Test Name             | Results | Units | Reference Range |
|-----------------------|---------|-------|-----------------|
| <b>WK6 Profile</b>    |         |       |                 |
| 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**