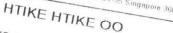
Work Pass Division

18 Havelock Road Singapore 059764 www.mom.gov.sg

Vynnie M.	at .	
Blk 81 Max	dical Centre pherson Lane #01-35	
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IC:MD840335 DOB:28-Jan-1987 Full Me Sex: Female PID :P186511 All parts in this form are to be

Name:	Sex: *Male / Female Citizenship:	Height: 152 cm
	rculosis	s, give brief details

1 8 MAR 2019

Signature of Foreign Worker

Date

Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

1	Clinical Examinations	Abnormal	Other Tests	Abnormal
b	Systolic: Diastolic: 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		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.)	
	symptoms suggestive of Myocardial ischaemia)		2 Urine	
d	A		a Albumin	
2	g/6)		b Sugar	
3	Respiratory System		c Pregnancy	
4	Abdomen		3 VDRL	
a	Hernia		4 Hearing – unable to hear ordinary conversation at 2m	
b	Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with	
C	Enlarged Spleen		or without glasses.)	
d	Genito-Urinary System		a Vision Acuity	
5	Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	
_	eczema, psoriasis, etc)		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	H I
b	Limb movement and co-ordination		6 Blood film for Malaria	
С	Significant spinal deformity		7 HIV (AIDS)	
d	Other significant abnormalities (in relation to the		Note:	- I
	Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be	1
7	Endocrine disorders, e.g. thyrotoxicosis		done at laboratories approved by the Ministry	
8	Mental state		of Health	

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:	Mi : Mandanal Dia Lita		The state of the s	
(in BLOCK Letter)	Winnie Medical Pte Ltd	Signature of Doctor:	Dr Chages Kwok You	7
Clinic Address:	Blk 81 Macpherson Lane #01-35	_	MBBC DEE	-
	Singapore 360081	_ Date:	4523, DFD.	
19 	Tel: 6842 7842 Fax: 6743 0954	Telephone Number:	3.My. No: 00337	100
Delete whore inapplicable		10 MAD a	040	

19 MAR 2019

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.