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

Winnie Medical Centre Bik 81 I.Incpherson Lene #01-35 Singapore 360081



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Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Abnormal Other Tests Abnormal Other Tests Abnormal I Cardiovascular System Blood Pressure Systolic: Disatolic: Disa	Full IC:MC074099 DOB.24	-Oct-1989	∣n Workers 🤍 `		
Name: Passport No. Sex: 'Male / Female Height: No Coupation: Date of Birth: Critizenship: Weight: No Coupation: Date of Birth: Critizenship: Weight: No Coupation: Date of Birth: Critizenship: Weight: No Critizenship: No Critize	All parts in this form are to			octor who	
Part II Medical History (To be declared and signed by the foreign worker)	Part I Personal Particular Reg. Date :05-Jun-18 05	.04PM HP	:		
Part II Medical History (To be declared and signed by the foreign worker)	Nome	Desert Ma	Com that Course	Ku _	
Part II Medical History (To be declared and signed by the foreign worker)	Name:	Passport No	Sex: "Male / Female Height; _	10x cm	
Part II Medical History (To be declared and signed by the foreign worker)	Occupation:	Date of Birth	n: Citizenship: Weight: _	<u>27</u> kg	
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Signatury of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations	1 Mental illness	detalis	6 Tuberculosis	tails	
Signatury of Foreign Worker Part III - Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations Cilinical Examinations Abnormal Other Tests	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 Managers 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.					
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1 Cardiovascular System a Blood Pressure Blood Flood B	Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.				
a Blood Pressure Systolic: Diastolic: Diasto		Abnormal			
Systolic:	The state of the s				
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 murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%) b Sugar 3 Respiratory System c Prepnancy c Prepnancy 4 Abdomen 3 VORL 4 Hearing - unable to hear ordinary conversation at 2m c Prepnancy 5 Vision (should be at least 8/12 in both eyes with or without glasses) d Genito-Urinary System a Vision Aculty c Reinterged Liver c Finlarged Liver c Finlarged Spleen d Genito-Urinary System a Vision Aculty c Reinterged Spleen d Genito-Urinary System a Vision Aculty c Reinterged Spleen d Genito-Urinary System a Vision Aculty c Reinterged Spleen d Genito-Urinary System a Vision Aculty c Reinterged Spleen d Genito-Urinary System d Colour Vision (for electricians & drivers only) d Ditter spiration of the discontinuous proposed d Genito-Urinary System d Colour Vision (for electricians & drivers only) d Ditter spiration spiral deformity d Colour Vision (for electricians & drivers only) d Ditter spiration spiral deformity d Colour Vision (for electricians & drivers only) d Ditter spiration spiral deformity d Ditter spiration s			· · · · · · · · · · · · · · · · · · ·		
c ECG (compulsory for male Thal 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			radiological report to this form.)		
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d Severe varicose veins					
2 Anaemia (if clinically anaemic, do HB: 9%)					
3 Respiratory System			•	ᅡ	
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System d Cenito-Urinary System d Vision (for electriclars & drivers only) d Color Significant Imparation or deformity d Cher significant and co-ordination d Cenito-Urinary System d Cenito-Urinary System d Vision (for electriclars & drivers only) d Color Significant Imparation or deformity d Cher significant and co-ordination d Cenito-Urinary System d Vision (for electriclars & drivers only) d Color Significant Imparation (for electriclars & drivers only) d Cher significant and co-ordination d Cenito-Urinary System d Cenito-Urinary System d Vision (for electriclars & drivers only) d Color Significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d Cher significant Imparation (for electriclars & drivers only) d			-		
b Enlarged Liver c Enlarged Speen d Genito-Uninary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 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 / Unfit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Clinic Address: Delete where inappticable Decitors to Note:		1 1			
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Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) I) Right eye II) Left eye III Left eye III Left eye III Left eye III Left eye IIII Left			•		
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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) Note: 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 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 / Ueffit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Bix 81 Macpherson Lane #01-35 Date: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Defete where inapplicable Doctors to Note:			•		
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