

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

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



MOE MOE LWIN

Full Medical

IC: MD295244 DOB: 14-Mar-1983

Sex: Female

PID: P172027

Reg. Date: 13-Jul-18 03:19PM HP:

JRS

must be endorsed by the doctor who identification.

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

Part I Personal Particulars of Foreign

Name: _____ Passport No. _____ Male / Female ☒ Male ☐ Female Height: 148 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 66 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	☐	☒		6 Tuberculosis	☐	☒	
2 Epilepsy	☐	☒		7 Heart Disease	☐	☒	
3 Chronic Asthma	☐	☒		8 Malaria	☐	☒	
4 Diabetes Mellitus	☐	☒		9 Operations	☐	☒	
5 Hypertension	☐	☒					

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.

Winnie

13 JUL 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 a Blood Pressure <u>136/86</u> 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 cardiac murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins	☐ ☐ ☐ ☐	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.")	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	2 Urine a Albumin b Sugar c Pregnancy	☐ ☐ ☐ ☐
3 Respiratory System	☐	3 VDRL	☐
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	☐ ☐ ☐ ☐	4 Hearing – unable to hear ordinary conversation at 2m	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	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	☐ ☐ ☐ ☐ ☐ ☐ ☐
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)	☐ ☐ ☐ ☐	6 Blood film for Malaria	☐
7 Endocrine disorders, e.g. thyrotoxicosis	☐	7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐
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: Winnie Medical Pte Ltd
(in BLOCK Letter) Blk 81 Macpherson Lane #01-35
Clinic Address: Singapore 360081
Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor: Dr. Andrew W. K. Chee
Date: M.B., B.S. (S'pore) (1979)
Telephone Number: Family Physician
MCR: 02587/1

*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.

14 JUL 2018