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



Viante Medical Centre

### All parts in this form are to be completed this form. The foreign process the completed this form. The foreign process the part of interest must be endorsed by the doctor who reforeigned the process of the complete the process of the complete the process of	Bik S1 Menpherson Lane - 61				V	
All parts in this form are to be completed bits form. The foreign completed bits form. The foreign completed by from the first completed by	Full Mc	MAN MAW KHAING		rkers		
Part II Personal Particulars of F. Sex. Fernals Name: PID: P144475 PID: P144475 Reg. Date: 15-Jan-19 03:10PM MP: c: 'Male / Female Calizanthip: 'Weight: 'Sex. Male / Female Calizanthip: 'Weight: 'Sex. Male / Female Calizanthip: 'Reg. Date: 15-Jan-19 03:10PM MP: c: 'Medical History (To be declared and sligned by the foreign worker) Part II Medical History (To be declared and sligned by the foreign worker) I Mental Illness	All parts in this form are to be completes this form. The foreign	MAT WATER DOB :04-Sep-1983				
Name:	Dart Barranat Bartiaulars of E Esmale					
Part II Mential illiness					145	
Part II Mential illiness	Name: PID :P144475	. a 42:40PM	HP: X	: *Male / Female	Height:	
Part II Mential illiness	Occupation: Req. Date :15-Jan-	19 03:101	Citiz	enship:	Weight: $\frac{1}{2} \frac{1}{2} \frac{1}{$	
Mental illness Yes No If yes, give brief details 5 Tuberculosis 3 Chronic Asthma 1						
1 Mental illness	Part II Medical History (To be declared and signed by the	e foreign wo	rker)			
Signature of Foreign Moved. Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations Abnormal Other Tests Other	1 Mental illness		7 Heart Disease 8 Malaria 9 Operations	0000 AND P		
Signature of Foreign Weeker. Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cillical Examinations I Cardiovascular System a Blood Pressure Systolic: Diastolic:	I declare that all the information given above is true and correct.	l hereby give i	my consent for a copy of in	us medical form after it is my work nermit englicatio	completed by the doctor to	
Signature of Poreign Deckets Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Collinical Examinations Abnormal Other Tests Abnormal Other Tests Abnormal Other Tests Other Te						
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations	1 5 JAN 2019					
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations	IXMa_IX[]					
Clinical Examinations	Signature of Foreign Worker		Date			
Clinical Examinations	Part III Please tick if any of the Examinations / Tests is A	bnormal and	d give brief details sepa	rately.		
Cardiovascular System	Patent Prease tiern any of the Examinations . 1999 (87)					
a Blood Pressure Systolic: Diastolic: Diasto		Abnormal		(atherate Circums (4Fa		
Systolic: Diastolic: D						
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 cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose velns 2 Anaemia (if clinically anaemic, do HB:	Contaling					
c ECG (compulsory for mate 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 velns 2 Anaemia (if clinically anaemic, do HB: g%)	Diastolic: (49) 24	1	radiological report to	this form.)	1 1	
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 velins 2. Anaemia (if clinically anaemic, do HB: g%) b. Suger	D Heart Discuse					
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose velns 2 Anaemia (if clinically anaemic, do HB: g%) b Sugar 3 Respiratory System C Pregnancy C						
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)					jl	
d Severe varicose veins			2 Urine			
3 Respiratory System	d Severe varicose veins					
3 VDRL			•			
A Hearing — unable to hear ordinary conversation at 2m		┞ ┖┛		···		
b Enlarged Liver c Enlarged Spleen d Genito-Uniary System 5 Skin-Chronic Disease (e.g. leprosy, widespread 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 haverexamined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is "Fit / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: *Delete where inapplicable *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Declare to Note: Tel: 6842 7842 Fax: 6743 0954				hear ordinary conversat		
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) i) Right eye ii) Left eye ii) Left eye iii) Left eye left eye left eye left eye left eye left examination left examinati						
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) i) Right eye ii) Left eye ii) Left eye iii) Left eye left eye left eye left eye left eye left examination left examinati						
a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant spinal deformity HIV (AIDS) Note: Work required to be performed) T Endocrine disorders, e.g. thyrotoxicosis Mental state Part IV Certification from the Doctor I certify that I haverexamined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is *Fit / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) BIK 81 Macpherson Lane #01-35 Date: Telephone Number: *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Declars to Note:			•			
a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant spinal deformity HIV (AIDS) Note: Work required to be performed) T Endocrine disorders, e.g. thyrotoxicosis Mental state Part IV Certification from the Doctor I certify that I haverexamined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is *Fit / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) BIK 81 Macpherson Lane #01-35 Date: Telephone Number: *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Declars to Note:	I				18 1	
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 havejexamined 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: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Signature of Doctor: Signature of Doctor: Telephone Number: *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954		· · · · ·		ectricians & drivers only) <u> </u>	
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 haverexamined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is *Fit / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Clinic Address: Telephone Number: *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954						
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 haverexamined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is *Fit / Unit for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address: Winnie Medical Pte Ltd Signature of Doctor: (in BLOCK Letter) Date: Telephone Number: *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Tel: 6842 7842 Fax: 6743 0954	· · · · · · · · · · · · · · · · · · ·			a		
Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Certification from the Doctor I certify that I haverexamined 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: Winnie Wedical Pte Ltd Signature of Doctor: (in BLOCK Letter) Clinic Address: Bik 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Declare to Note: Date: Telephone Number: Telephone Number: Telephone Number:			, ,			
7 Endocrine disorders, e.g. thyrotoxicosis				and blood film for Malaria	a must be	
Part IV Certification from the Doctor I certify that I haverexamined 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: Winnie Wedical Pte Ltd Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. Signature of Doctor: One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment in the above-stated occupation. One for the clinical examination One for the clinical examinations / tests in Part III and found that this person is *Fit / Unfit for employment One for the clinical examination O			done at laboratori	es approved by the Mini	istry	
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: Winnie Wedical Pte Ltd Signature of Doctor: One of Doctor: O			of Health.			
	I certify that I have examined the above-named foreign worker for person is *Fit / Unfit for employment in the above-stated occupation in BLOCK Letter) Clinic Address: Winnie Medical Winnie Medical Bik 81 Macpherson Land Singapore 360081 Tel: 6842 7842 Fax: 67	on. Pte Ltd e #01-35 743 0954	Signature o Date: Telephone	Number:	N 2019	