



CELIZ LONALY GARGANIAN

IC :P1552110A DOB :04-Jan-1987

Sex :Female

PID :P192879

Reg. Date :20-Jun-19 10:49AM HP :

Full Medical

Workers

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

Documents must be endorsed by the doctor who issued for identification.

Part I Personal Particulars of Foreign Worker

Name: _____ Passport No. _____ Sex: *Male / Female Height: 154 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 61 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<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.

[Signature]

20 JUN 2019

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 Systolic: 135 Diastolic: 90 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 a Albumin	<input type="checkbox"/> <input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
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)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.) a Vision Acuity i) Right eye ii) Left eye	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8 Mental state	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/> <input type="checkbox"/>
		6 Blood film for Malaria	<input type="checkbox"/>
		7 HIV (AIDS)	<input type="checkbox"/>
		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 / Unfit for employment in the above-stated occupation.

Name of Doctor:
(in BLOCK Letter)

Winnie Medical Pte Ltd

Signature of Doctor:

Dr Foo Jong-Hiang

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

MCR: 08896Z

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.

21 JUN 2019

Winnie X-Ray Centre

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

Page 3 of 11

Name : CELIZ LONALY GARGANIAN
NRIC/FIN : P1552110A
Sex : F

Date : 20/06/2019
Accession NO : WI800008951
Age : 32

XT001 - Chest X-Ray PA

CHEST

No active lung lesion is seen.
The heart size is normal.

20/06/2019

Dr Mohd lyaz

Consultant Radiologist

This report is electronically signed. No signature is required.
Please seek medical advice if result is abnormal.



PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.
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RCB No. 197200753W

Client ID: 33305

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

Patient: CELIZ LONALY GARGANIAN

IC/PP...: P1552110A
Age....: 32 Sex: F
Ref. No: P192879

Request Date: 20/06/2019
Report Date : 21/06/2019
Lab Number...: 11478012
Page Number : 1

**** FINAL REPORT ****

Test Name	Results	Units	Reference Range
WK6 Profile			
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