

Work Pass Division

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

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



Full Medical Form For Foreign Workers

KHIN MYO THAN

All parts in this form are to be completed by the foreign worker who completes this form. The foreign worker must sign this form.

IC : MC556476 DOB : 15-Jun-1974

Sex : Female Document must be produced to the doctor for identification.

Part I Personal Particulars of Foreign Worker

PID : P189755

Name: _____ Reg. Date : 03-May-19 03:16PM HP :

Sex: *Male / Female

Height: 155 cm

Occupation: _____

Date of Birth: _____

Citizenship: _____

Weight: 86 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.

Khin

03 MAY 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	<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"/>
a Blood Pressure Systolic: 140 Diastolic: 84	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
b Heart Disease	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
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)	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
4 Abdomen	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
6 Locomotor/Neurological	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	Note:	
c Significant spinal deformity	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>		
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

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:

Winnie Medical Pte Ltd

Blk 81 Macpherson Lane #01-35
Singapore 360081

Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor:

Dr Foo Jong Hiang
MCR: 08896Z

Date:

Telephone Number:

04 MAY 2019

*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.