

Work Pass Division

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



Kingston Medical (Created by: Admin (HQ)) - Visit Label

NAME: **IBUOS LAURINAY**

NRIC/PP No: **P9946495C**

NATIONALITY: **Filipino**

D.O.B: **03/12/1994** SEX: **Female**

OCCUPATION: **FDW**

((GLOBAL UNITED))

WOPS

All part
complete

Part I

Form For Foreign Workers

registered doctor. Any amendments must be endorsed by the doctor who must be produced to the doctor for identification.

Name: _____ Passport No.: _____ Sex: *Male / Female Height: 154 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 47 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.

Signature of Foreign Worker

Date

09 SEP 2025

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		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.)	☐
a Blood Pressure	☐	Declare Not Pregnant	
Systolic: <u>124/84</u>		L.M.P: <u>15/8/25</u> Patient's Signature: <u>[Signature]</u>	
Diastolic:			
b Heart Disease	☐	2 Urine	☐
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)	☐	a Albumin	☐
d Severe varicose veins	☐	b Sugar	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	c Pregnancy	☐
3 Respiratory System	☐	3 VDRL	☐
4 Abdomen		4 Hearing – unable to hear ordinary conversation at 2m	☐
a Hernia	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
b Enlarged Liver	☐	a Vision Acuity	☐
c Enlarged Spleen	☐	i) Right eye <u>6/12</u>	☐
d Genito-Urinary System	☐	ii) Left eye	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	b Colour Vision (for electricians & drivers only)	☐
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	☐
a Significant limb amputation or deformity	☐	6 Blood film for Malaria	☐
b Limb movement and co-ordination	☐	7 HIV (AIDS)	☐
c Significant spinal deformity	☐	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	☐	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
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: **DR POH WEE MIN** MCR:06332J
(in BLOCK Letter) MBBS

Signature of Doctor: _____

Clinic Address: **KINGSTON MEDICAL CLINIC PTE LTD**

Date: _____

250 SIMS AVENUE #01-01, SINGAPORE 387513

Telephone Number: _____

09 SEP 2025
65149008

*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.



KINGSTON MEDICAL GROUP

Kingston Medical Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name	: IBUOS LAURA INAY	Study Date	: 2025-09-09
NRIC No	: P9946495C	Accession No.	: KMA25067054AZG
Age/Sex	: F/30Y9M	Referral Doctor	: DR POH WEE MIN

CHEST PA

2025-09-09 20:24:50

CHEST X-RAY

No active lung lesions.
The heart size is normal.

DR MARK TAN
MBBS (S'pore), FRCR (UK), MMed, FAMS,
Senior Consultant Radiologist

2025-09-09 20:24:50

*This is a computer generated report. No signature is required
Please seek medical advice if result is abnormal*

IBUOS LAURA INAY [Female / 30 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE

#01-01 SPCS BUILDING

SINGAPORE 387513

DR POH WEE MIN

Area : GEY

KING07

NRIC/FIN/PP : P9946495C

MRN/Ref No : KMGP25060036

Lab ID : **25AV3530**

Date Received : 09-Sep-2025 15:48

Report # : 2207137

Date Reported : 09-Sep-2025 17:03

Test Ordered : WOP5

TEST		RESULT	REF. RANGE
<u>WORK PERMIT SCREEN</u>			
Malarial parasites	疟原虫	Negative	(Negative)
HIV Ag/Ab	爱滋病抗原/抗体	Non-reactive	(Non-reactive)
VD (Syphilis TP Ab)	梅毒检验	Non-reactive	(Non-reactive)