



Kingston Medical (Created by: 11076) - Visit Label

NAME : **PHYU ZIN WIN**NRIC/PP No : **MG080580**NATIONALITY : **Myanmar**D.O.B : **09/07/1998** SEX : **Female**

(UNITED CHANNEL)

WOP5, COV2S



## ation Form For Foreign Workers

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

Occupation: \_\_\_\_\_ Passport No. \_\_\_\_\_ Sex: \*Male / Female Height: 159 cm  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Weight: 55 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.

09 SEP 2022

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		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	<input type="checkbox"/>		
Systolic: <u>118/84</u>			
Diastolic:			
b Heart Disease	<input type="checkbox"/>	Not Pregnant	
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"/>	LMP: <u>22/08/22</u>	
d Severe varicose veins	<input type="checkbox"/>		
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
4 Abdomen		b Sugar	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>		
c Enlarged Spleen	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
6 Locomotor/Neurological		a Vision Acuity	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
8 Mental state	<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)DR POH WEE MIN  
MCR: 06332J  
MBBS

Signature of Doctor:

Clinic Address:

KINGSTON MEDICAL GROUP PTE LTD  
250 SIMS AVENUE #01-01, SINGAPORE 387513

Date:

09 SEP 2022

Telephone Number:

+65 8864 3907

\*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	: PHYU ZIN WIN	Study Date	: 2022-09-09
NRIC No	: MG080560	Accession No.	: KMA22008064
Age/Sex	: F/24Y2M	Referral Doctor	:

### CHEST PA

#### CHEST

No active lung lesions.  
The heart size is normal.

DR MARK TAN  
2022-09-09 13:26:34

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

**PHYU ZIN WIN [ Female / 24 years ]**

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)  
 250 SIMS AVE  
 #01-01 SPCS BUILDING  
 SINGAPORE 387513  
 DR POH WEE MIN  
 Area : GEY

**NRIC/FIN/PP** : MG080560  
**MRN/Ref No** : KMGP22008897  
**Lab ID** : **22AK3348**  
**Date Received** : 09-Sep-2022 17:48  
**Report #** : 1296733  
**Date Reported** : 09-Sep-2022 18:53

**Test Ordered** : COV2S

TEST	RESULT	REF. RANGE
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**COVID-19 TESTING (SEROLOGY)**

Anti-SARS-CoV-2 S	新型冠状病毒抗体 S	Reactive
Anti-SARS-CoV-2 S Quant	新型冠状病毒抗体 S (定量)	>250.00 U/mL

Comment: Positive for anti-SARS-CoV-2-S.  
 Correlation with epidemiologic risk factors and other clinical findings is recommended.  
 Test was performed using the Roche Elecsys Anti-SARS-CoV-2 S assay.

**PHYU ZIN WIN [ Female / 24 years ]**

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 SINGAPORE 387513  
 DR POH WEE MIN

Area : GEY

**NRIC/FIN/PP** : MG080560  
**MRN/Ref No** : KMGP22008897  
**Lab ID** : **22AK3346**  
**Date Received** : 09-Sep-2022 17:47  
**Report #** : 1296813  
**Date Reported** : 09-Sep-2022 19:21

**Test Ordered** : WOP5

TEST	RESULT	REF. RANGE
<b><u>WORK PERMIT SCREEN</u></b>		
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)