



Kingston Medical (Created by: 11079) - Visit Label

NAME : PAHRIATUN

NRIC/PP No : G8791682L

NATIONALITY : Indonesian

D.O.B : 12/12/1982 SEX : Female

(UNITED CHANNEL)

WOP5



tion Form For Foreign Workers

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

Ni: _____ Passport No. _____ Sex: *Male / Female Height: 153 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 48 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]

28 OCT 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"/>	Not Pregnant LMP: <u>15/10/2022</u>	
Systolic: <u>96/65</u>			
Diastolic: <u>65</u>			
b Heart Disease	<input type="checkbox"/>	2 Urine	<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"/>	a Albumin	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	Patient Signature <i>[Signature]</i>	
4 Abdomen		3 VDRL	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	i) Right eye <u>6/9</u>	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	Note:	
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
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: DR POH WEE MIN
(in BLOCK Letter) MCR: 06332J
MBBS

Signature of Doctor: *[Signature]*

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

Date:

Telephone Number: +65 88643907

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 SPC5 Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name : PAHRIATUN
NRIC No : G8791662L
Age/Sex : F/39Y10M

Study Date : 2022-10-28
Accession No. : KMA22014830
Referral Doctor :

CHEST PA

CHEST X-RAY

No active lung lesions.
The heart size is normal

DR MARK TAN
2022-10-28 14:00:22

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

PAHRIATUN [Female / 39 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 : G8791662L
MRN/Ref No : KMGP22016549
Lab ID : 22AM4928
Date Received : 28-Oct-2022 18:11
Report # : 1325066
Date Reported : 28-Oct-2022 19:41

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)

