

Kingston Medical (Created by: 11051) - Visit Label

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NAME: HTET HTET LIN
NRIC/PP No: MG182413
NATIONALITY: Myanmar
D.O.B: 30/04/1995 SEX: Female
(UNITED CHANNEL)
WOP5, COV2S



tion Form For Foreign Workers

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

No: _____ Passport No: _____ Sex: *Male / Female Height: 155 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 66 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.

12 SEP 2022

Lin

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: 105/70 Diastolic: 65/40 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.) Not Pregnant LMP: 02/09/2022	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	2 Urine a Albumin } Neg Lin b Sugar } c Pregnancy } Patient Signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<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"/>	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.) a Vision Acuity i) Right eye } 6/9 ii) Left eye } b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/>	6 Blood film for Malaria	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<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: DR POH WEE MIN
(in BLOCK Letter) MCR: 06332J MBBS
Clinic Address: KINGSTON MEDICAL GROUP PTE LTD
250 SIMS AVENUE #01-01, SINGAPORE 387513

Signature of Doctor: _____
Date: 12 SEP 2022
Telephone Number: 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	: HTET HTET LIN	Study Date	: 2022-09-12
NRIC No	: MG182413	Accession No.	: KMA22008235
Age/Sex	: F/27Y4M	Referral Doctor	:

CHEST PA

CHEST

No active lung lesions.
The heart size is normal.

DR MARK TAN
2022-09-12 01:07:16

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

HTET HTET LIN [Female / 27 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 : MG182413
MRN/Ref No : KMGP22009099
Lab ID : **22AK3919**
Date Received : 12-Sep-2022 11:17
Report # : 1297753
Date Reported : 12-Sep-2022 12:46

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.

HTET HTET LIN [Female / 27 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 : MG182413
MRN/Ref No : KMGP22009099
Lab ID : **22AK3917**
Date Received : 12-Sep-2022 11:17
Report # : 1297763
Date Reported : 12-Sep-2022 12:48

Test Ordered : WOP5

TEST	RESULT	REF. RANGE
<u>WORK PERMIT SCREEN</u>		
Malarial parasites	Negative	(Negative)
HIV Ag/Ab	Non-reactive	(Non-reactive)
VD (Syphilis TP Ab)	Non-reactive	(Non-reactive)