

Work Pass Division

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



Kingston Medical (Created by: 11105) - Visit Label

All parts in this
completes this form

Part I Personal

NAME : HNIN WUT YEE
NRIC/PP No : MF315766
NATIONALITY : Myanmar
D.O.B : 21/05/1991 SEX : Female
OCCUPATION : FDW
(UNITED CHANNEL SERVICES))
WOP5, COV2S

Name: _____

Occupation: _____

For Foreign Workers

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

o. _____ Sex: *Male / Female

h: _____ Citizenship: _____

Height: 158 cm

Weight: 61 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]

Signature of Foreign Worker

Date

28 DEC 2023

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"/>	Declare Not Pregnant	
Systolic: <u>117/8</u>		L.M.P: <u>26/12/23</u> Patient's Signature: <i>[Signature]</i>	
Diastolic: <u>78</u>		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		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 <u>6/6</u>	<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		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: **DR POH WEE MIN** MCR:06332J
(in BLOCK Letter) MBBS

Signature of Doctor: *[Signature]*

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

Date:

250 SIMS AVENUE #01-01, SINGAPORE 387513

Telephone Number: **+65 88612806**

28 DEC 2023

*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	: HNIN WUT YEE	Study Date	: 2023-12-28
NRIC No	: MF315766	Accession No.	: KMA23074783VNP
Age/Sex	: F/32Y7M	Referral Doctor	: DR POH WEE MIN

CHEST PA

CHEST X-RAY

No active lung lesions.
The heart size is normal

DR MARK TAN
2023-12-28 07:20:55

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

HNIN WUT YEE [Female / 32 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE

#01-01 SPCS BUILDING

SINGAPORE 387513

Area : GEY

DR POH WEE MIN

NRIC/FIN/PP : MF315766

MRN/Ref No : KMGP23079677

Lab ID : 23AY0431

Date Received : 28-Dec-2023 19:51

Report # : 1623320

Date Reported : 28-Dec-2023 20:52

Test Ordered : COV2S

TEST
RESULT
REF. RANGE
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) 222.70 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.

HNIN WUT YEE [Female / 32 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE

#01-01 SPCS BUILDING

SINGAPORE 387513

Area : GEY

DR POH WEE MIN

NRIC/FIN/PP : MF315766

MRN/Ref No : KMGP23079677

Lab ID : **23AY0429**

Date Received : 28-Dec-2023 19:51

Report # : 1623412

Date Reported : 28-Dec-2023 21:29

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)