

**Work Pass Division**

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



84682397  
**MINISTRY OF  
MANPOWER**

**Full Medical Exam**

Jas Medical Screening Centre Pte Ltd

57, Lorong 27 Geylang, Singapore 388189

Fax: +65 68416700

Tel: +65 67416700

All parts in this form are to be completed by a Specialist who completes this form. The foreign worker's Travel Document is to be completed by the doctor who

orsed by the doctor who

**Part I Personal Particulars of Foreign Worker**

**EI MON CHO ZIN**

ID : MK347802

Nationality: Myanmar

Ref.No.: JMSP25014665

Name: \_\_\_\_\_

D.O.B : 04/07/1993 (32y)

Sex : Female

Height: 153 cm

Occupation: \_\_\_\_\_

DATE : 21-Oct-2025 01:48 PM

Weight: 59 kg

**Part II Medical History (To be declared and signed)**

	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.

21 OCT 2025

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>130</u>			
Diastolic: <u>80</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"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen		4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	i) Right eye <u>36/12</u>	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye <u>36/12</u>	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	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	<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:  
(in BLOCK Letter)

**DR MD IQMAL**  
**MCR: M11912A**

Signature of Doctor: \_\_\_\_\_

Clinic Address:

**JAS MEDICAL SCREENING CENTRE PTE LTD**  
No. 67, Lor 27 Geylang, Singapore 388189  
Tel: 6741 6700 Fax: 6841 6700

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

21 OCT 2025

\*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.

**EI MON CHO ZIN [ Female / 32 years ]**

JAS MEDICAL SCREENING CENTRE PTE LTD

67 LOR 27 GEYLANG

SINGAPORE 388189

DR MUHAMMAD IQMAL BIN ABDULLAH

Area : GEY

JASM01

**NRIC/FIN/PP** : MK347802

**MRN/Ref No** : JMSP25014665

**Lab ID** : JM2510210089

**Date Received** : 21-Oct-2025 17:55

**Report #** : 2254038

**Date Reported** : 21-Oct-2025 19:05

**Test Ordered : M03**

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)

## JAS X-RAY CENTRE

67 Lorong 27 Geylang, Singapore 388189 Tel: 6741 6700

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Name : EI MON CHO ZIN

Date : 21 Oct 2025

NRIC/FIN : MK347802

Referring Doctor : DR MUHAMMAD IQMAL  
ABDULLAH

SEX / AGE : F / 32

Accession No. : JMA25018970YWH

### Chest X-ray

#### CHEST

Nipple markers are seen.  
No active lung lesions are noted.  
No pleural effusion is seen.  
The heart is not enlarged.

21 Oct 2025 21:21

Dr Gupta Saurav (M14078C)

Consultant Radiologist

M Med (S'pore), FRCR (UK)

This report is electronically signed. No signature is required.

Please seek medical advice if result is abnormal.