

Kingston Medical (Created by: 1017PT) - Visit Label

NAME: **SERVITA SIPRONILA ASTRIANA NARANG**

NRIC/PP No: **M3294748K**

NATIONALITY: **Indonesian**

D.O.B: **16/09/1992** SEX: **Female**

OCCUPATION: **FDW**

(GLOBAL UNITED)

WOP5, COV2S



Registration Form For Foreign Workers

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

Passport No. _____ Sex: *Male / Female Height: 159 cm
Date of Birth: _____ Citizenship: _____ Weight: 72 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]

16 JUN 2023

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"/> | Declare Not Pregnant | |
| Systolic: <u>126/22</u> | | L.M.P: <u>12/6/2023</u> Patient's Signature: <i>[Signature]</i> | |
| Diastolic: <u>22</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

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

250 SIMS AVENUE #01-01, SINGAPORE 387513

Signature of Doctor: *[Signature]*

Date:

Telephone Number:

16 JUN 2023
+65 88612806

*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 | : SERVITA SIPRONILA ASTRIANA NARANG | Study Date | : 2023-06-16 |
| NRIC No | : M3294748K | Accession No. | : KMA23030932 |
| Age/Sex | : F/30Y9M | Referral Doctor | : DR POH WEE MIN |

CHEST PA

CHEST X-RAY

No active lung lesions.
The heart size is normal

DR MARK TAN
2023-06-16 02:50:08

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

SERVITA SIPRONILA ASTRIANA NARANG [Female / 30 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 : M3294748K
 MRN/Ref No : KMGP23034352
 Lab ID : 23AK5505
 Date Received : 16-Jun-2023 14:12
 Report # : 1485932
 Date Reported : 16-Jun-2023 15:36

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) | >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. | | |

SERVITA SIPRONILA ASTRIANA NARANG [Female / 30 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 : M3294748K MRN/Ref No : KMGP23034352 Lab ID : 23AK5503 Date Received : 16-Jun-2023 14:11 Report # : 1486076 Date Reported : 16-Jun-2023 16:17 |
|--|---|

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) |