

Work Pass Division

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



Kingston Medical (Created by: Admin (HQ)) - Visit Label

NAME: **ZIN MAR THEINT**
NRIC/PP No: MK232524
NATIONALITY: Myanmar
D.O.B: 26/03/2002 SEX: Female
OCCUPATION: FDW
((GLOBAL UNITED))
WOPS

n Form For Foreign Workers

e registered doctor. Any amendments must be endorsed by the doctor who
t must be produced to the doctor for identification.

All pa
compl

Part I

Name: _____ Passport No.: _____ Sex: *Male / Female Height: 149 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 63 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.

Zin

01 SEP 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"/>	Declare Not Pregnant	
Systolic: <u>122/82</u>		L.M.P: <u>13/8/25</u> Patient's Signature: <u>Zin</u>	
Diastolic:			
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>7/6/12</u>	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye	<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: **DR POH WEE MIN** MCR:06332J
(in BLOCK Letter) MBBS

Signature of Doctor: _____

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

Date: _____

250 SIMS AVENUE #01-01, SINGAPORE 387513

Telephone Number: **65149008**

*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	: ZIN MAR THEINT	Study Date	: 2025-09-01
NRIC No	: MK232524	Accession No.	: KMA25065197UDQ
Age/Sex	: F/24Y7M	Referral Doctor	: DR POH WEE MIN

CHEST PA

2025-09-01 19:08:54

CHEST X-RAY

No active lung lesions.
The heart size is normal.

DR MARK TAN
MBBS (S'pore), FRCR (UK), MMed, FAMS,
Senior Consultant Radiologist

2025-09-01 19:08:54

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

ZIN MAR THEINT [Female / 23 years]

KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)
 250 SIMS AVE
 #01-01 SPCS BUILDING
 SINGAPORE 387513
 DR POH WEE MIN

Area : GEY KING07

NRIC/FIN/PP : MK232524
MRN/Ref No : KMGP25058000
Lab ID : **25AU5936**
Date Received : 01-Sep-2025 18:47
Report # : 2198085
Date Reported : 01-Sep-2025 19:56

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)