Work Pass Division

Signature of Foreign Worker

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



Kingston Medical (Created by: 11000)

Date

(Greated by: 11069) - Visit Label	ition Form For Foreign Workers			
NAME :NANDAR NYI NYI AI NRIC/PP No :ME948136 CC NATIONALITY :Myanmar D.O.B :18/01/1997 SEX:Female	apore registered doctor. Any amendments must be endorsed by the doctor who ament must be produced to the doctor for identification.			
Part II Medical History (To be declared and signe	Date of Birth:	Sex: *Male / Female Citizenship:	Height: 15-1 cm Weight: 52 kg	
Yes No If yes, give 1 Mental illness 2 Epilepsy 3 Chronic Asthma 4 Diabetes Mellitus 5 Hypertension	brief details 6 Tu 7 He 8 Mi	yes No If yes aberculosis art Disease alaria perations	s, give brief details	
I declare that all the information given above is true and of the be released to the Ministry of Manpower, my employer, and				

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: Diastolic: 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 cardic murmurs or		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.) Declare Not Pregnant L.M.P210602 Patient's Signature:	
symptoms suggestive of Myocardial ischaemia)		2 Urine	
d Severe varicose veins	1	a Albumin Nea	l H
2 Anaemia (if clinically anaemic, do HB: g%)	1	b Sugar	
3 Respiratory System		c Pregnancy	H
4 Abdomen	1_		
a Hernia			H
b Enlarged Liver			
c Enlarged Spleen		or without glasses.) a Vision Acuity	
d Genito-Urinary System	1-		
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	l ii
eczema, psoriasis, etc)		ii) Left eye	ΙH
6 Locomotor/Neurological			l ii
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria	
b Limb movement and co-ordination			1
c Significant spinal deformity		7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	
Work required to be performed)	1-	HIV (AIDS) Test and blood film for Malaria must be	
7 Endocrine disorders, e.g. thyrotoxicosis	14	done at laboratories approved by the Ministry	
8 Mental state		of Health.	

Part IV Certification	n from the Doctor			
certify that I have experson is *Fit Unfit for	amined the above-named foreign worker for the clinical examinations or employment in the above-stated occupation.	/ tests in Part III and found	that this	
Name of Doctor: (in BLOCK Letter)	DR POH WEE MIN MCR:06332J MBBS	Signature of Doctor:		
Clinic Address:	KINGSTON MEDICAL CLINIC PTE LTD	Date:	2 7 JUL 2023	
	250 SIMS AVENUE #01-01, SINGAPORE 387513	Telephone Number:	+65 88612806	
	bla			

*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 Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

 Name
 : NANDAR NYI NYI
 Study Date
 : 2023-07-27

 NRIC No
 : ME948136
 Accession No.
 : KMA23039061

 Age/Sex
 : F/26Y6M
 Referral Doctor
 : DR POH WEE MIN

CHEST PA

CHEST X-RAY

No active lung lesions. The heart size is normal

DR MARK TAN 2023-07-27 08:13:30

Page No: 1 Status: Final. Date Submitted: 2023-07-27 07:34:19 UTC Date Finalized: 2023-07-27 08:13:30 UTC



Eurofins Clinical Diagnostics Pte Ltd

(Company Registration No. 201920897Z) 1 International Business Park, #03-17 The Synergy, Singapore 609917 Tel: +65 67978898 Fax: +65 67978897

LABORATORY REPORT

NANDAR NYI NYI [Female / 26 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 : ME948136

MRN/Ref No : KMGP23043318

Lab ID : 23AN3004

Date Received : 27-Jul-2023 18:19

Report # : 1513970

Date Reported : 27-Jul-2023 19:24

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.

COLLEGE of AMERICAN PATHOLOGISTS



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KINGSTON MEDICAL CLINIC PTE LTD (SIMS AVE)

250 SIMS AVE

#01-01 SPCS BUILDING

SINGAPORE 387513

DR POH WEE MIN

NRIC/FIN/PP

: ME948136

MRN/Ref No

Date Received

: KMGP23043318

Lab ID

: 23AN3002

: 27-Jul-2023 18:19

Report #

: 1514027

Date Reported

: 27-Jul-2023 19:43

Test Ordered: WOP5

TEST RESULT REF. RANGE

Area: GEY

WORK PERMIT SCREEN

Results should be interpreted/correlated with patient's clinical findings.

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) Non-reactive 梅毒检验 (Non-reactive)

Medical Director

COLLEGE of AMERICAN PATHOLOGISTS