

Application Form For Foreign Workers



Passport No. _____ Sex: *Male / Female Height: 177 cm
Date of Birth: _____ Citizenship: _____ Weight: 52 kg

	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"/>					

357

27 JUL 2023

Date _____

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: 118		L.M.P. 29/6/23	
Diastolic: 78		Patient's Signature: [Signature]	
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	<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"/>		

27 JUL 2023

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	: 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

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

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
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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.

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 : 23AN3002

Date Received : 27-Jul-2023 18:19

Report # : 1514027

Date Reported : 27-Jul-2023 19:43

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)