Work Pass Division
18 Havelock Road
Singapore 059764
www.mom.gov.sg

MINISTRY OF MANPOWER

Kingston Medical (Created by: 11123) - Visit Label
NAME :NANT THAZIN MOE
NRIC/PP No :MK000880
NATIONALITY :Myanmar
D.O.B :12/05/2001 SEX :Female
OCCUPATION :FDW
((UNITED CHANNEL SERVICES))
WOP5

n Form For Foreign Workers

All par **re registered doctor. Any amendments must be endorsed by the doctor who comple** **nt must be produced to the doctor for identification.**

Part I

Name _____ Passport No. _____ Sex: *Male / Female Height: 154 cm

Occup _____ Date of Birth: _____ Citizenship: _____ Weight: 57 kg

Part II Medical History (To be declared and signed by the foreign worker)

		Yes	No	If yes, give brief details
1	Mental illness	☐	☑	
2	Epilepsy	☐	☑	
3	Chronic Asthma	☐	☑	
4	Diabetes Mellitus	☐	☑	
5	Hypertension	☐	☑	
6	Tuberculosis	☐	☑	
7	Heart Disease	☐	☑	
8	Malaria	☐	☑	
9	Operations	☐	☐	

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 of Foreign Worker Date 03 SEP 2025

Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

Clinical Examinations	Abnormal
1 Cardiovascular System	
a Blood Pressure 118/78 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 symptoms suggestive of Myocardial ischaemia)	☐
d Severe varicose veins	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐
3 Respiratory System	☐
4 Abdomen	
a Hernia	☐
b Enlarged Liver	☐
c Enlarged Spleen	☐
d Genito-Urinary System	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐
6 Locomotor/Neurological	
a Significant limb amputation or deformity	☐
b Limb movement and co-ordination	☐
c Significant spinal deformity	☐
d Other significant abnormalities (in relation to the Work required to be performed)	☐
7 Endocrine disorders, e.g. thyrotoxicosis	☐
8 Mental state	☐

Other Tests	Abnormal
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.) Declare Not Pregnant L.M.P: 22/8/25 Patient's Signature:	☐
2 Urine	☐
a Albumin Yes	☐
b Sugar	☐
c Pregnancy	☐
3 VDRL	☐
4 Hearing – unable to hear ordinary conversation at 2m	☐
5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
a Vision Acuity	☐
i) Right eye 6/12	☐
ii) Left eye	☐
b Colour Vision (for electricians & drivers only)	☐
c Any organic eye disease, e.g. Trachoma	☐
6 Blood film for Malaria	☐
7 HIV (AIDS) **Note:** HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐

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 POH WEE MIN** MCR:06332J MBBS

Signature of Doctor: _____

Clinic Address: KINGSTON MEDICAL CLINIC PTE LTD

250 SIMS AVENUE #01-01, SINGAPORE 387513

Date: 03 SEP 2025

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.

The information is updated on 27 Mar 2018

KINGSTON MEDICAL GROUP

Kingston Medical Imaging

250 Sims Ave SPCS Building #01-01 Singapore 387513

RADIOLOGY REPORT

Name	: **NANT THAZIN MOE**	*Study Date*	: **2025-09-03**
NRIC No	: **MK000880**	*Accession No.*	: **KMA25065786GEG**
Age/Sex	: **F/24Y3M**	*Referral Doctor*	: **DR POH WEE MIN**

CHEST PA

2025-09-03 17:01:14

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

2025-09-03 17:01:14

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

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

NANT THAZIN MOE [Female / 24 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	: MK000880
MRN/Ref No	: KMGP25058362
Lab ID	: **25AU8185**
Date Received	: 03-Sep-2025 18:07
Report #	: 2200671
Date Reported	: 03-Sep-2025 19:51

Test Ordered : WOP5

TEST		RESULT	REF. RANGE
WORK PERMIT SCREEN			
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)

Dr. Jennifer Teo
MBBS, FRCPA, FAMS
Medical Director

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS