

Kingston Medical (Created by: 11051) - Visit Label

ion Form For Foreign Workers

All
com

NAME : ELIZABETH

NRIC/PP No : M3151058Q

NATIONALITY : Myanmar

D.O.B : 10/11/1995 SEX : Female

(UNITED CHANNEL)

WOP5, COV2S



More registered doctor. Any amendments must be endorsed by the doctor who
sent must be produced to the doctor for identification.

Na

Passport No. _____ Sex: *Male / Female

Height: 153 cm

Occupation: _____

Date of Birth: _____ Citizenship: _____

Weight: 54 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]

29 SEP 2022

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"/>		
Systolic: <u>136/90</u>			
Diastolic: <u>90</u>			
b Heart Disease	<input type="checkbox"/>	Not Pregnant	
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"/>	LMP: <u>16/09/2022</u>	
d Severe varicose veins	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	a Albumin <u>Neg</u>	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	b Sugar <u>Neg</u>	<input type="checkbox"/>
4 Abdomen	<input type="checkbox"/>	c Pregnancy <u>Neg</u>	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	i) Right eye <u>6/6</u>	<input type="checkbox"/>
6 Locomotor/Neurological	<input type="checkbox"/>	ii) Left eye <u>6/6</u>	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	Note:	
8 Mental state	<input type="checkbox"/>	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 GROUP PTE LTD
250 SIMS AVENUE #01-01, SINGAPORE 387513

Date:

Telephone Number:

+65 88643907

*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	: ELIZABETH	Study Date	: 2022-09-29
NRIC No	: M3151058Q	Accession No.	: KMA22010767
Age/Sex	: F/26Y10M	Referral Doctor	:

CHEST PA

CHEST

No active lung lesions.
The heart size is normal.

DR MARK TAN
2022-09-29 08:00:27

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

ELIZABETH [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 : M3151058Q

MRN/Ref No : KMGP22012003

Lab ID : 22AL2108

Date Received : 29-Sep-2022 18:13

Report # : 1308397

Date Reported : 29-Sep-2022 19:07

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.

ELIZABETH [Female / 26 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 : M3151058Q
MRN/Ref No : KMGP22012003
Lab ID : 22AL2106
Date Received : 29-Sep-2022 18:13
Report # : 1308464
Date Reported : 29-Sep-2022 19:46

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)