UC

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

MINISTRY OF MANPOWER

Winnie Medical Centre
Blk 81 Macpherson Lane #01-35 Singapore 360081

AH NGI ZEE
IC :MD511826 DOB :16-Jun-1995
Sex :Female
PID :P174679
Reg. Date :29-Aug-18 02:06PM HP :

Full Medic… …ers

All parts in this form are to be compl… …s must be endorsed by the doctor who completes this form. The foreign worke… …dentification.

Part I Personal Particulars of Foreign…

Name: ____ Passport No. ____ Sex: *Male / Female Height: 157 cm

Occupation: ____ Date of Birth: ____ Citizenship: ____ Weight: 48 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	☐	☑		6	Tuberculosis	☐	☑	
2	Epilepsy	☐	☑		7	Heart Disease	☐	☑	
3	Chronic Asthma	☐	☑		8	Malaria	☐	☑	
4	Diabetes Mellitus	☐	☑		9	Operations	☐	☑	
5	Hypertension	☐	☑						

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.

X [signature] 29 AUG 2018

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
1 Cardiovascular System	
a Blood Pressure Systolic: Diastolic: 136/89	☐
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.)	☐
2 Urine	☐
a Albumin	☐
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	☐
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) Winnie Medical Pte Ltd

Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Tel. 6842 7842 Fax: 6743 0954

Signature of Doctor: [signature] Aung Kyuk Yan MBBS, DFD.

Date: 30 AUG 2018

Telephone Number:

*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.