

Full Medical Examination Form

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

All parts in this form are to be completed and signed by the doctor who completes this form. The foreign worker's Tr

OM PAING

Part I Personal Particulars of Foreign Worker

Name: DOMESTIC WORKER
Occupation: DOMESTIC WORKER

IC : MB623252 DOB : 30-Jan-1993

Sex : Female
PID : P133869

must be endorsed by the doctor who
certification.

Female Height: 154 cm
Weight: 52 kg

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

Reg. Date : 16-Jan-17 08:58AM HP :

	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.

OM PAING
Signature of Foreign Worker

Date

16 JAN 2017

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: <u>120/80</u> Diastolic: <u>80</u> 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 cardiac murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	2 Urine a Albumin b Sugar c Pregnancy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.) a Vision Acuity i) Right eye ii) Left eye	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/> <input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
8 Mental state	<input type="checkbox"/>	7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<input type="checkbox"/>

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: Dr Leong Chee Lum
(in BLOCK Letter) MCR No. 019472
Clinic Address: Winnie Medical Pte Ltd

Signature of Doctor: _____

Date: _____

Telephone Number: _____

Blk 81 Macpherson Lane #01-35

Singapore 360081

Tel: 6842 7842 Fax: 6743 0954

16 JAN 2017

* Delete where inapplicable

Doctors to Note:

Please give a copy of the completed medical form to the employer / employment agent if he / she asks for it.

Winnie X-Ray Centre

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

NAME OF PATIENT : OM PAING
NRIC : MB623252
REFERRING DOCTOR :
DATE OF EXAM : 16-Jan-2017
SEX/AGE : F / 24
EXAM NUMBER : WNC50046613

CHEST

The heart size is normal.
No active lung lesion is seen.

RADIOLOGIST : DR BOEY HONG KHIM
DATE : 16-Jan-2017

This report is generated by computer, no signature is required.



Penjagaan Kesihatan Healthcare 保健
EXCELLENCE IN HEALTHCARE

PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

45 Kallang Pudding Road #05-01/04 Alpha Building Singapore 349317
Tel: (65) 67429011 (8 Lines) Fax: (65) 67429226 E-mail: pathlabs@singnet.com.sg
RCB No. 197200753W

Client ID: 33305

Patient: OM PAING

WINNIE MEDICAL CENTRE
BLK 81 MACPHERSON LANE
#01-35
SINGAPORE
36008-1

IC/PP...: MB623252
Age....: 23 Sex: F
Ref. No: P133869

Request Date: 16/01/2017
Report Date : 16/01/2017
Lab Number..: 10453229
Page Number : 1

**** FINAL REPORT ****

Test Name	Results	Units	Reference Range
WK6 Profile			
VDRL	梅毒检验	Negative
HIV I & II Ab	爱滋病抗体		Negative
Malaria Parasite (MP)			Negative