



Full Medical

**DEL LEON AUBREY
BRILLANTES**

ers

All parts in this form are to be completed by the foreign worker.

IC : P1261348A DOB : 17-Jun-1993

This form must be endorsed by the doctor who conducted the examination.

Part I Personal Particulars of Foreign Worker

Sex : Female

PID : P207478

Name : _____

Reg. Date : 08-Feb-20 08:54AM HP : _____

Male / Female

Height : 149 cm

Occupation : _____

Date of Birth : _____

Citizenship : _____

Weight : 50 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.

@ del lion
Signature of Foreign Worker

08 FEB 2020

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>114/80</u>			
Diastolic: _____			
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"/>		

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

Blk 81 Macpherson Lane #01-35

Signature of Doctor:

Dr Foo Jong Hiang

Clinic Address:

Singapore 360081

Date:

MCR: 08896Z

Tel: 6642 7842 Fax: 6743 0954

Telephone Number:

08 FEB 2020

*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.

Winnie X-Ray Centre

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

Patient Name : DEL LEON AUBREY BRILLANTES

Age/Sex : 26/F

Case No : W1297299

Referring Doctor : Dr. Chong Kwok Yan

NRIC NO : P1261348A

Date : 08/02/2020

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS

Normal findings.



PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

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RCB No. 197200753W

Client ID: 33305

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

Patient: DEL LEON AUBREY BRILLANTES

IC/PP...: P1261348A

Age....: 26 Sex: F

Ref. No: P207478

Request Date: 08/02/2020

Report Date : 08/02/2020

Lab Number..: 11743240

Page Number : 1

** FINAL REPORT **

Test Name	Results	Units	Reference Range
WK6 Profile			
VDRL		
HIV I & II Ab	Negative		
Malaria Parasite(MP)	Negative		
	Negative		

This is a computer generated report. No signature is required.

Dr. S H Leong, Medical Director