Work Pass Division

18 Havelock Road Singapore 059764 www.mom.gov.sg

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

CHO MAR SAN

MINISTRY OF MANPOWER

10	:MD645787 DOB:0	7-Dec-1991	6		
Full Medical	ex :Female	rs			
All parts in this form are to be complet	PID :P177739	must be endorsed by the do		doctor who	
completes this form. The foreign worker:	Pen Date :18-Oct-18 02:0				
Tall reisonal rathedials of roleigh 4				1110	
Name:	Passport N	o Sex: *Male / F	emale Height:	149	
Occupation:	n: Date of Birth:		h: Citizenship: Weight:		
Part II Medical History (To be declared and				113	
	give brief details		- Maria also balada		
1 Mental illness		Yes N 6 Tuberculosis 7 Heart Disease		talis	
2 Epilepsy 3 Chronic Asthma	Asthma D				
Diabetes Mellitus		8 Malaria			
5 Hypertension			10		
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 b	y the doctor	
pe released to the Ministry of Manpower, my employ	er, and also to the employ				
1086		1 8 00	CT 2018		
Signature of Foreign Worker		Date			
Part III Please tick if any of the Examinations	/Tests is Abnormal an	d give brief details congretaly			
Clinical Examinations					
1 Cardiovascular System	Abnormal	Other Tests 1 Chest X-ray – to be taken in Sir	ngapore (*For any	Abnorma	
a Blood Pressure		abnormalities and other findings including no active			
Systolic: 120 8	1	lung lesion, please state here and attach the chest		199	
Diastolic:	se O		radiological report to this form.)		
c ECG (compulsory for male Thai workers & of	hers				
above age 50, and in younger applicants who	ere it is				
indicated, e.g. persons with cardic murmurs of	or				
symptoms suggestive of Myocardial ischaem		2 Urine			
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB:	g%)	a Albumin			
Respiratory System	g /o/	b Sugar c Pregnancy			
4 Abdomen		3 VDRL		H	
a Hernia		4 Hearing – unable to hear ordinary conversation at 2m			
b Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with			
Enlarged Spleen Genito-Urinary System		or without glasses.)			
Skin-Chronic Disease (e.g. leprosy, widesprea	ad 📙	a Vision Acuity i) Right eve			
eczema, psoriasis, etc)		ii) Left eve			
Locomotor/Neurological		b Colour Vision (for electricians &	drivers only)	5 1	
Significant limb amputation or deformity		c Any organic eye disease, e.g. Tr	achoma		
Limb movement and co-ordination Significant spinal deformity		6 Blood film for Malaria			
Other significant abnormalities (in relation to the	ne 📙	7 HIV (AIDS) Note:			
Work required to be performed)		HIV (AIDS) Test and blood film	for Malaria must be		
Endocrine disorders, e.g. thyrotoxicosis		done at laboratories approved by the Ministry			
Mental state		of Health.			
rt IV Certification from the Doctor				/	
			/		
ertify that I have examined the above-named foreign son is *Fit / Unfit for employment in the above-state		minations / tests in Part III and found the	at this		
/				national Police Laboratory	
ame of Doctor: BLOCK Letter) Winnie Medi	Lane #01-35	Signature of Doctor:	Dr Choig X	wok Yan	
au of Machiels) Lanc no		MBBS, 2	1	
linic Address: Singapore 36008	1 0742 0054	Date:	1000年 7 / 1000年		
Singapore 36000 et: 6842 7842 F	ax: 6/43 0954	Telephone Number:	S.M.C. No: 1	10337	
ete where inapplicable					
tors to Note:			19 OCT 2018		