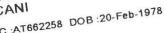
Work Pass Division

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

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

ELIS KORNELIS BT KAMAL





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	200			
IC :AT662236 IC :AT662236 Sex :Fernale Sex :Fernale PID :P183248 Reg. Date :14-Mar-19 03:39PM HP :		must be endorsed by the doctor who entification.		
Part I Personal Particulars of Foreign \	14-Mar-19 03	3:39PM FIT		
Reg. Date .			0 444 / 5	1
Name:	Passport No)	Sex: *Male / Female	Height: 13 cm
Occupation:	Date of Birth	n:	Citizenship:	Weight: 53_ kg
Part II Medical History (To be declared and signed by t	the foreign w	orker)		
Yes No If yes, give brief of the second seco	details	6 Tuberculos 7 Heart Dise 8 Malaria 9 Operations	sis ase	s, give brief details
I declare that all the information given above is true and correct. be released to the Ministry of Manpower, my employer, and also Signature of Foreign Worker	733			
St. C. St. Springer St.	2A W Machine Considering (which of the considering			
Part III Please tick if any of the Examinations / Tests is Clinical Examinations		Other Tests	separately.	Abmannal
1 Cardiovascular System	Abnormal		o be taken in Singapore (*	Abnormal For any
a Blood Pressure		abnormalities a	nd other findings including ase state here and attach	no active
Systolic: 100 70			ort to this form.)	the chest
b Heart Disease				
c ECG (compulsory for male Thai workers & others				
above age 50, and in younger applicants where it is	1			
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia)		2 Urine	3000-30-00	
d Severe varicose veins		a Albumin		
2 Anaemia (if clinically anaemic, do HB: g%)		b Sugar		
3 Respiratory System		c Pregnancy		
4 Abdomen		3 VDRL	I- 4- 1 L'	
a Hernia b Enlarged Liver			le to hear ordinary convers be at least 6/12 in both eye	
c Enlarged Spleen		or without glass		,s with
d Genito-Urinary System		a Vision Acuity	*	
5 Skin-Chronic Disease (e.g. leprosy, widespread		 Right eye 		
eczema, psoriasis, etc)		ii) Left eye		
6 Locomotor/Neurological a Significant limb amputation or deformity			for electricians & drivers or e disease, e.g. Trachoma	nly)
b Limb movement and co-ordination		6 Blood film for M		
c Significant spinal deformity		7 HIV (AIDS)	diana	
d Other significant abnormalities (in relation to the		Note:		
Work required to be performed)			est and blood film for Mala	
7 Endocrine disorders, e.g. thyrotoxicosis			atories approved by the M	inistry
8 Mental state		of Health.		
Part IV Certification from the Doctor certify that I have examined the above-named foreign worker for the serious is *Fit / Unfit for employment in the above-stated occupation.		aminations / tests in P	rart III and found that this	\Re