

**Full Me**

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

**orkers**

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

**RIKA ANDRIANI**

IC :B9472822 DOB :29-Dec-1990

Documents must be endorsed by the doctor who issued this form for identification.

**Part I Personal Particulars of Foreign Worker**

Sex :Female

Name: \_\_\_\_\_

PID :P166995

Sex: \*Male / Female

Height: 156 cm

Occupation: \_\_\_\_\_

Reg. Date :10-Apr-18 08:28AM HP : \_\_\_\_\_

Citizenship: \_\_\_\_\_ Weight: 60 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, my employer, and also to the employment agent who assisted in my work permit application.

Signature of Foreign Worker

Date

10 APR 2018

**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			
Systolic: <u>117/90</u>	<input type="checkbox"/>		
Diastolic: _____	<input type="checkbox"/>		
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 checked="" 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 **UNFIT** for employment in the above-stated occupation.

Name of Doctor:  
(In BLOCK Letter)

Winnie Medical Pte Ltd

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

Singapore 360081

Telephone Number:

Tel: 6842 7842 Fax: 6743 0954

\*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.

WPCM 015

The information is updated on 27 Mar 2018

16 APR 2018

Client ID: 33305

Patient: RIKA ANDRIANI

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

IC/PP...: B9472822  
Age....: 27 Sex: F  
Ref. No: P166995

Request Date: 10/04/2018  
Report Date : 16/04/2018  
Lab Number...: 10996519  
Page Number : 1

**\*\* FINAL REPORT \*\***

Test Name	Results	Units	Reference Range
<b>WK6 Profile</b>			
VDRL	梅毒检验	.....	Negative
HIV I & II Ab	爱滋病抗体		Positive *
HIV Confirmation			See Attached Report.
Malaria Parasite (MP)			Negative

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

Dr. S H Leong, Medical Director



Singapore  
General Hospital  
SingHealth

Division of Pathology Tel: 6321-4950/6321-4952/6321-4904 Fax: (65) 6222-8924

RUN ON 13/04/18-1344

SINGAPORE GENERAL HOSPITAL

BAT VHIV-2343949

VIROLOGY REPORT

RUN FOR 13/04/18

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RIKA, ANDRIANI

AGE/SEX: 27/F

CLASS: A

PATHOLOGY CLINICAL LAB

DEPT: PTE

RM/BED:

NRIC: UB9472822

ID: CS4079650

LAB NO: 1104:V05912R REQ FM#

RECV: 11/04/18 1430 COLLN: 11/04/18 UNK

COMMENTS: NATIONALITY: INDONESIAN

SOURCE: SERUM

CLINICAL DIAGNOSIS:

PURPOSE: WORK PERMIT APPLICATION

REQUESTING PERSONNEL: DR S H LEONG

REFERENCE NUMBER: NIL

ORDERED: HIV AB CONF

HIV AB CONFIRMATION

POSITIVE\*\*

(This sample is positive for HIV. If this is the first positive test for the patient, another sample for re-testing is recommended, particularly if the result is at odds with risk and clinical findings.)

DR WONG CHUI CHING

SENIOR MEDICAL LABORATORY SCIENTIST