

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

**Full Medical**

**OHN MAR AUNG**

**Workers**

All parts in this form are to be completed by the foreign worker. The foreign worker must be endorsed by the doctor who for identification.

IC : MD516444 DOB : 24-Apr-1992

**Part I Personal Particulars of Foreign Worker**

Sex : Female

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

PID : P176658

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

Reg. Date : 01-Oct-18 04:48PM HP : \_\_\_\_\_

\*Male / Female

Height: 151 cm

Citizenship: \_\_\_\_\_ Weight: 61 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.

*ohn Mar Aung*

Signature of Foreign Worker

Date

01 OCT 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	<input type="checkbox"/>		
Systolic: 110/82			
Diastolic: 72			
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

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

Singapore 360081

Tel: 6842 7842 Fax: 6743 0954

Telephone Number:

*Dr Leong Chee Lum*  
MCR No. 01947Z

\*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

02 OCT 2018

# Winnie X-Ray Centre

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

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Name : OHN MAR AUNG  
NRIC/FIN : MD516444  
Sex : F

Date : 01/10/2018  
Accession NO : WI800001333  
Age : 26

## XT001 - Chest X-Ray PA

CHEST

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

01/10/2018

Dr Mark Tan Ming Loong



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: OHN MAR AUNG

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

IC/PP... MD516444  
Age.... 0 Sex: F  
Ref. No: P176658

Request Date: 02/10/2018  
Report Date : 02/10/2018  
Lab Number... 11203767  
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		Negative
Malaria Parasite(MP)			Negative