Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg

Winkle Hedical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081

ADONAIS EMILY RODRIGUEZ

IC :EC2058650 DOB :17-Jan-1981

Full Mei Sex :Female



'orkers

All parts in this form are to be concompletes this form. The foreign with Reg. Date :24-No.	_{V-18} 09:00A	M HP: ments must be endorsed by the doctor who
Part I Personal Particulars of Foreign Worker		
Name:	Danas and M	143
Occupation	Passport N	o Sex: *Male / Female Height: Cm
		1
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		6 Tuberculosis
3 Chronic Asthma		8 Malaria 🔲 🗷
4 Diabetes Mellitus		9 Operations
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.		
Standing of Earlie Water R. ADO NAIS		
Signature of Foreign Worker		Date 2 4 NOV 2018
organizate of toreign vyorker		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	Abnormal	1 Chest X-ray – to be taken in Singapore (*For any
a Blood Pressure		abnormalities and other findings including no active
Systolic: \/\lambda \rangle \rangle \/\lambda \rangle \rangle \/\lambda \rangle \rangle \/\lambda \rangle \rangle \rangle \/\lambda \rangle \r		lung lesion, please state here and attach the chest
Diastolic:		radiological report to this form.)
c ECG (compulsory for male Thai workers & others		
above age 50, and in younger applicants where it is		
indicated, e.g. persons with cardic murmurs or	1	
symptoms suggestive of Myocardial ischaemia)		2 Urine
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 0%)	<u> </u>	a Albumin
2 Anaemia (if clinically anaemic, do HB: g%) 3 Respiratory System		b Sugar
4 Abdomen		c Pregnancy
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
c Enlarged Spleen	□	or without glasses.)
d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread	 	a Vision Acuity
eczema, psoriasis, etc)		i) Right eye
6 Locomotor/Neurological		ii) Left eye b Colour Vision (for electricians & drivers only)
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trachoma
b Limb movement and co-ordination		6 Blood film for Malaria
c Significant spinal deformity		7 HIV (AIDS)
d Other significant abnormalities (in relation to the Work required to be performed)		Note:
7 Endocrine disorders, e.g. thyrotoxicosis	 	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry
8 Mental state		of Health.
•		
Part IV Certification from the Doctor		
certify that I have examined the above-named foreign worker for	the clinical exa	iminations / tests in Part III and found that this
person is *Fit / Unfit for employment in the above-stated occupation.		
Name of Doctor:		
(in RLOCK Letter)		Signature of Doctor: / Chong Kwok Yau
Clinic Address: Winnie Medical Pte Ltd		Line of the second
ык өт масрлегьоп Lane ж и	1-35	Date: / AlbBS, DFD
Singapore 360081 Telephone Number: 5.34.C. No. 00337, 1		
Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Z 4 NOV 2018		
Poctors to Note:		
Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.		