Work Pass Division

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

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



Full Mer CIIN KHAN MANG

1 Cardiovascular System a Blood Pressure Systolic:	T dil lilot		OIRCIS		
Name:	completes this form. The foreign v Sex :Female				
Part II Medical History (To be declared and signed by the foreign worker) 1	Part I Personal Particulars of Fr PID :P18611	7			
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Part II Medical History (To be declared and signed by the foreign worker) 1	Occupation	70 00.231	w np: sx. Male/Female Height:	10 cm	
Mental lines	Occupation:	Date of Dif	itizenship: Weight: _	kg	
1 Mental liness	Part II Medical History (To be declared and sign	ed by the foreign w	vorker)		
Signature of Foreign Worker Date	1 Mental Illness	brief details	6 Tuberculosis	ails	
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations	I declare that all the information given above is true and of the be released to the Ministry of Manpower, my employer, and the second of the Ministry of Manpower, my employer, and the second of the Ministry of Manpower, my employer, and the second of th	correct. I hereby give and also to the employ	yment agent who assisted in my work permit application.	the doctor to	
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations	Signature of Foreign Worker		Date		
1 Cardiovascular System Blood Pressure Systolic: Diastolic: Diast	Part III Please tick if any of the Examinations / Te	sts is Abnormal ar			
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	Doctors to Note: Please send the completed medical form back to the emplo	yer / employment ag	ent promptly, so that they can get the work pass issued.		