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

Winne Medical Centre Bik 51 Machineson Lane 401 35 Singapore 360081

MINISTRY OF MANPOWER

LAL BAWI NEI

Full Medical Exa

IC: MB590560 DOB: 01-Jan-1992

All parts in this form are to be completed by completes this form. The foreign worker's Trav		be endorsed by the d	actor who
		18 02:58PM HP :	rs f a
Name	Dassnort Mo	Sev: *Male / Female Height:	178 cm
Name:	Data of Birth	. Citizenshin: Weight:	43 kg
Occupation:	Date of Diffi	Citizensing vveignt	 ^8
Part I Personal Particulars of Foreign Works Name: Passport No Sex: "Male / Female Height: cm Occupation: Date of Birth: Citizenship: Weight: kg Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief do 1 Mental illness	etails	Yes No If yes, give brief de 6 Tuberculosis	lails
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. 2 0 JUN 2018			
200		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 a Blood Pressure Systolic: Diastolic: b Heart Disease c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is		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.)	
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia)		2 Urine	
d Severe varicose veins		a Albumin	
2 Anaemla (if clinically anaemic, do HB:g%)	<u></u>	b Sugar	
3 Respiratory System 4 Abdomen	<u> </u>	c Pregnancy 3 VDRL	
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 d Genito-Urinary System		or without glasses.) a Vision Acuity	
5 Skin-Chronic Disease (e.g. leprosy, widespread	 	i) Right eye	
eczema, psoriasis, etc)		ii) Left eye	
6 Locomotor/Neurological	_	b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	
a Significant limb amputation or deformity b Limb movement and co-ordination		c Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria	
c Significant spinal deformity		7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	
Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry	
7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state	-	of Health.]
Part IV Certification from the Doctor I certify that I have examined the above-named foreign worker for to person is "Fit / Unfit for employment in the above-stated occupation." Name of Doctor: (in BLOCK Letter) Clinic Address: VVINNIE Medical Factor	on. Dite Litd = #01-35	Signature of Doctor: Date: Telephone Number: Signature of Doctor: (AB B S D) (AB B S D) (AB B S D) (AB B S D)	ok 9an FD: 1337. T
Doctors to Note:	.0004	2 1 JUN 2	,018