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

Winnie Medical Centre Bik 81 Macpherson Lane =01	35 Singapore 360081
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NAW SAE SAE PHAW

IC :MD544889 DOB :11-Sep-1995

All parts in this form are to be completed his form. The foreign plD_P175878 Part I Personal Particulars of Fo Name: Part I Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared foreign worker) Mendical History (To be declared and signed by the foreign worker) Mendical History (To be declared and signed by the foreign worker (To be expensed and signed worker) Mendical History (To be declared and signed by the foreign worker (To be sign	Full Mei		Of Kers			
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Part II Mental Illness Yes No. If yos, give brief details 5 Tuberculosis 7 Heart Disease 3 Chronic Ashma 4 Diabetes Melitius 7 Heart Disease 8 Malaria 9 Operations 9 Op	Name:	Passport No	Sex: *Male / Femal	e Height:	1/2 cm	
Mental illness Per	Occupation:	Date of Birth	: Citizenship:	Weight:	kg	
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Signature of Foreign Worker Date Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations 1 Cardiovascular System 3 Blood Pressure Systolic: Disatolic: b Heart Disease 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 symptoms suggestive of Myocardial ischaemia) 2 Angemia (if clinically anaemic, do HB: 5 Enlarged Liver C Enlarged Spleen G Cellor-Urinary System G Skin-Chronic Disease (e.g. leprosy, wildespread exerum, psoriasis, etc) 6 Lecomoto-Neurological 3 Splinicant spinal deformity J Limb movement and co-ordination C Splinicant spinal deformity J Limb movement and co-ordination Significant spinal deformity J 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 Firt / Unift for employment in the above-stated occupation. Name of Doctor: Singapore 360081 Tel: 6842 7842 Fax: 8743 6954 1 9 SEP 2018	1 Mental illness		6 Tuberculosis			
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilnical Examinations 1 Cardiovascular System a Blood Pressure Systolic: Disstolic: D	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 application.	the doctor to	
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Clinical Examinations	•					
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A Addomination and the analysis of Hearing — unable to hear ordinary conversation at 2m b Enlarged Liver	3 Respiratory System					
b Enlarged Liver c Enlarged Spleen d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor Icertify 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) Clinic Address: Bilk 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 September 1) Note: 19 SEP 2018		n		onversation at 2m		
d Genito-Urinary System			5 Vision (should be at least 6/12 in bo	th eyes with		
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	Doctors to Note: Please send the completed medical form back to the employer / e	mployment age	ent promptly, so that they can get the work			