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

All parts in this form are to be co

completes this form. The foreign w

Name: _

Occupation:

Mental illness

Chronic Asthma

Diabetes Mellitus

Hypertension

Epilepsy

Part I Personal Particulars of Foreign Worker

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

PIEDAD AUGJANRY CARLOS

IC :P8054127A DOB :31-Oct-1988

Sex :Female

Part II Medical History (To be declared and signed by the foreign worker)

Full Med

PID:P179191

Reg. Date :14-Nov-18 11:05AM HP:

Passport No.___

-01-35 Singapore 3				MINISTRY OF
JANRY C				MINISTRY OF MANPOWER
-18 11:05AM	HP:	orke:		sed by the doctor who
		for ide	entification.	·
Passport No	s	ex: *Mal	e / Female	Height: 72 cm
Date of Birth: _	c	Citizenshi	p:	Weight: 92 kg
ne foreign work	er)			
etalls	6 Tuberculosis 7 Heart Disease 8 Malaria 9 Operations			give brief details
	consent for a copy on tagent who assisted			s completed by the doctor to on.
	141	VOV 2	2018	
	Date			

I declare that all the information given above is true and correct. I hereby give my consent for a copy of this be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in m

14 NO Signature of Foreign Worker Date

Part ill Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

No _ If yes, give brief details

Clinical Examinations		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 indicated, e.g. persons with cardic murmurs or	0	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.)	
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins Anaemia (if clinically anaemic, do HB; g%) Respiratory System		2 Urine a Albumin b Sugar c Pregnancy	
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System		VDRL Hearing – unable to hear ordinary conversation at 2m Vision (should be at least 6/12 in both eyes with or without glasses.) Vision Aculty	
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) Locomotor/Neurological		i) Right eye ii) Left eye b Colour Vision (for electricians & drivers only)	
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)	0000	c Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria 7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be	
7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state		done at laboratories approved by the Ministry of Health.	

Part IV Certification from the Doctor

certify that I have exami	ned the above-name	ed foreign worker for the clinical ex	aminations / tests in Part III and found th	at this
person is *Fit / Unfit for e	employment in the at	bove-stated occupation.		
Name of Doctor:	Winnie	Medical Pte Ltd		in the same of the
(in BLOCK Letter)	VVIIIIO	1 and 1 and #01-35	Signature of Doctor:	Dr Chai

Name of Doctor: (in BLOCK Letter)	Winnie Wedical + 101-35 Bik 81 Macpherson Lane #01-35	Signature of Doctor:	Dr Chong / Xwok Yan
Clinic Address:	at - manara 360081	Date:	<i>'MBB</i> \$,
	Tel: 6842 7842 Fax: 6743 0954	Telephone Number:	S. S.C. No: 00337 'Y'S

*Delete where inapplicable

14 NOV 2018

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. The information is updated on 27 Mar 2018