



VC

Full Medical: DEWI NURFIAH

All parts in this form are to be completed by the foreign worker. The foreign worker must be endorsed by the doctor who

IC : B9650087 DOB : 29-Aug-1993

Sex : Female

PID : P165904

Reg. Date : 17-Mar-18 08:26AM HP :

must be endorsed by the doctor who

Part I Personal Particulars of Foreign Worker

Name: _____

/ Female

Height: 147 cm

Occupation: _____

Citizenship: _____

Weight: 48 kg

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

[Signature]

17 MAR 2018

Signature of Foreign Worker

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		1 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.)	<input type="checkbox"/>
a Blood Pressure			
Systolic:			
Diastolic:			
b Heart Disease		2 Urine	<input type="checkbox"/>
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial ischaemia)		a Albumin	<input type="checkbox"/>
d Severe varicose veins		b Sugar	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)		c Pregnancy	<input type="checkbox"/>
3 Respiratory System		3 VDRL	<input type="checkbox"/>
4 Abdomen		4 Hearing - unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia		5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver		a Vision Acuity	<input type="checkbox"/>
c Enlarged Spleen		i) Right eye	<input type="checkbox"/>
d Genito-Urinary System		ii) Left eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)		b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity		6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination		7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity		Note:	
d Other significant abnormalities (in relation to the Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
7 Endocrine disorders, e.g. thyrotoxicosis			
8 Mental state			

Part IV 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 *Fit / Unfit for employment in the above-stated occupation.

Name of Doctor:
(in BLOCK Letter)

Winnie Medical Pte Ltd

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

Singapore 360081

Telephone Number:

Tel: 6842 7842 Fax: 6743 0954

* Delete where inapplicable

17 MAR 2018

Doctors to Note:

Please give a copy of the completed medical form to the employer / employment agent if he / she asks for it.