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

Winnie Medical Centre Bik 81 Macpherson Lane #01-35 Singapore 260081

SUCIATI

IC :B2783774 DOB :10-Dec-1980

Sex :Female

Full Medica



ers

PID :P172115			
All parts in this form are to be comple completes this form. The foreign worke	9AM HP: smust be endorsed by the d	must be endorsed by the doctor who dentification.	
Part I Personal Particulars of Foreign Worker			-01
Name	Decement No	Courthfula / Famala Hainki	(0
Name:	Passport No	Sex: *Male / Female Height: :: Citizenship: Weight: _	62 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 of Mental illness	details	Yes No If yes, give brief de 6 Tuberculosis	tails
I declare that all the information given above is true and correct. be released to the Ministry of Manpower, my employer, and also		my consent for a copy of this medical form after it is completed be nent agent who assisted in my work permit application.	
Signature of Foreign Worker		Date	
Part III Please tick if any of the Examinations / Tests is	Abnormal an	d give brief details separately.	
Clinical Examinations	Abnormal	Other Tests	Abnormal
1 Cardiovascular System	Abriormar	Chest X-ray – to be taken in Singapore (*For any)	Abilomiai
a Blood Pressure		abnormalities and other findings including no active	
Systolic: Ly 8	1000000	lung lesion, please state here and attach the chest	
Diastolic:		radiological report to this form.)	
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		TABLE CANADA TABLE A ME	
symptoms suggestive of Myocardial ischaemia)		2 Urine	+
d Severe varicose veins		a Albumin	
Anaemia (if clinically anaemic, do HB: g%)	18	b Sugar	
3 Respiratory System	18	c Pregnancy	
4 Abdomen	1 -	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		or without glasses.)	
d Genito-Urinary System		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)	
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trachoma	
b Limb movement and co-ordination		6 Blood film for Malaria	
c Significant spinal deformity	18	7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	
Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis		HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry	
8 Mental state	++	of Health.	
Part IV. Certification from the Doctor I certify that I have examined the above-named foreign worker for person is *Fit / Unfit for employment in the above-stated occupa Name of Doctor: (in BLOCK Letter) Clinic Address: Blk 81 Macpherso Singapore 360083	cal Pte	Signature of Doctor: Date: Telephone Number: Dr Leong Che MCR No. 01947	
*Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954			
		gent promptly, so that they can get the work pass issued. 201	8
Please send the completed medical form back to the employer /	employment ag	gent promptly, so that they can get the work pass issued.	•