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



Winnie Medical Centre Bix 81 Macpherson Lane #01.35 Singepore 350081

| ceruly that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is *Fit / Unfit for employment in the above-stated occupation | Full Medica | Soft Lane #01. | 35 Singepole 360081 | | |
|--|---|---|---|--------------------------|-----------------------|
| Part I Personal Particulars of Fortel Sex: Fermale Name | st be endorsed by the | | | | the doctor who |
| Name PIO P182348 | 15 .11(1)/48 | 79 DOB:2 | ⁸ -Apr-1994 | meanon, | |
| Cecupation: Reg. Date :14-Jan-19 02:18PM HP : Veeight Vee | enale. | | | | 11- |
| Mental illness | Name PIU :P18234 | 8 | | | |
| Mental illness | Occupation: Reg. Date :14 | -Jan-19 0: | 7·18D4 | We | ighi: <u> </u> |
| 1 Mental illness | Part II Medical History (To be declared and Co. | - | HP: | | |
| Signature of Foreign Worker Date Part III Please tick II any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Abnormal Clinical Examinations Abnormal Abnormal Clinical Examinations Clinical Examinations Abnormal Clinical Examinations Abnormal Clinical Examinations Abnormal Clinical Examinations Clinical Examinations Abnormal Abnormal Abnormal Clinical Examination Abnormal Abnormal Abnormal Clinical Examination Abnormal Abnormal Abnormal Clinical Examination Abnormal Abnormal Abnormal Abnormal Clinical Examination Abnormal Abnormal Abnormal Abnormal Abnormal Abnormal Abnormal | 1 Mental illness | detalis | 6 Tuberculosis 7 Heart Disease 8 Malaria | No / If yes, give br | lef details |
| Clinical Examinations | be leaved to the willistry of Manpawer, my employer, and also | I hereby given to the employ | ment agent who assisted in my wor | k permit application. | eted by the doctor to |
| 1 Conclovascular System a Blood Pressure Systolic. Diastolic. Diastolic. Diastolic blear 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 schaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g/k) | Part III Please tick if any of the Examinations / Tests is | Abnormal ar | nd give brief details separately. | | |
| a Blood Pressure Systolic. Diastolic Diastolic Diastolic Diastolic Diastolic Diastolic Diastolic Diastolic Diastolic Heart Disease C ECG (compulsory for male Tharworkers & others above age 50, and in younger applicants where it is indicated. e.g. persons with cardic mortumers or symptoms suggestive of Myocardial ischaemia) 2 Anaemia (if clinically anaemic, do HB: 9%) 3 Respiratory System 4 Abdomen 3 VDRI 4 Hearing — unable to hear ordinary conversation at 2m 5 Enlarged Liver C Enlarged Spicen C Enlarged Liver C Enlarged Spicen C Enlarged Liver C Enlarged Liver C Enlarged Spicen C Enlarged Liver C Enlarged Spicen C Enlarged Liver | | Abnorma | <u> </u> | | Abnomai |
| Disstolic b Heart Disease (Compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or symploms suggestive of Myocardial Ischaemia) d Severe varicose veins 2 Anaemia (Felinically anaemic, do HB: g%) b Sugar c Pregnancy 3 Respiratory System 4 Abdomen 4 Abdomen 5 Hernia b Enlarged Liver c Enlarged Spieen 6 Genito-Uninary System 7 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 8 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 9 Limb movement and co-ordination b Limb movement and co-ordination c Significant spinal deformity 9 Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis | | ln | Chest X-ray – to be taken in abnormalities and other find | Singapore ("For any | |
| b Heart Disease c ECG (compulsory for male That workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial Schaemia) d Sevete varicose veins 2 Anaemia (f clinically enaemic, do HB: 9%) | | - | lung lesion, please state here and attach the chest | | |
| CE CG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic mumurs or symptoms suggestive of Myocardial ischaemia) 2 Anaemia (if clinically anaemic, do HB: 9%) | b Heart Disease | _ | | | |
| indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d. Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%) b Sugar c Pregnancy c Pregna | c ECG (compulsory for male That workers & others | | | | |
| symptoms suggestive of Myocardial ischaemia) Severe varioses veins 2 Anaemia (if clinically anaemic, do HB: 9%) | above age 50, and in younger applicants where it is | | | | 1 1 |
| d Severe varicose veins | symptoms suppositive of Myocardial ischaemial | 1 | 2 Urins | | |
| 2 Anaemia (if clinically anaemic, do HB: 9%) | d Severe varicose veins | | , · - | | |
| A Abdomen A Hernia A Vision (Aculty A Wishoul plases with A Vision (Aculty A Vision (Aculty A Vision (Aculty A Vision (for electricians & drivers only) C Any organic eye disease, e.g. Trachoma C Any organic eye disease, e.g. Trachoma A Hilv (AIDS) Note: HIV (AIDS) Note: HIV (AIDS) A Hernia | | | b Sugar | | 18 1 |
| A Hernia A Hernia | | | | | |
| Significant spinal deformity Significant abnormalities (in relation to the Work required to be performed) Significant slate Signification from the Doctor Certification from the Doctor (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor (in BLOCK Letter) Signapore 360081 Tel: 6842 7642 Fax: 6743 0054 Signature of Dote: Signature of Signature of Signature of Signature of Signature of Signature of | | | | nary conversation at 2n | |
| Genito-Urinary System Genito-Urinary System Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) Locomotor/Neurological Significant limb amputation or deformity Limb movement and co-ordination Cisignificant spinal deformity Cher significant abnormalities (in relation to the Work required to be performed) Tendocrine disorders, e.g. thyrotoxicosis Mental state Telf Boctor Winnie Medical Pte Ltd Signature of Doctor (in BLOCK Letter) Clinic Address: Blk 81 Macpherson Lane #01-35 Blk 81 Macpherson Lane #01-35 Clinic Address: Blk 81 Macpherson Lane #01-35 Clinic Address: Blk 81 Macpherson Lane #01-35 Clinic Address: Singapore 360081 Telephone Number. Telephone Number. Telephone Number. Telephone Number. | | | 5 Vision (should be at least 6/12 in both eyes with | | |
| Skin-Chronic Disease (e.g. leprosy, widespread ecrema, psoriasis, etc) Skin-Chronic Disease (e.g. leprosy, widespread ecrema, psoriasis, etc) I) Right eye III Left | | | or without glasses.) | | |
| eczema, psoriasis, etc) 6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in retation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state 1 HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Part IV Certification from the Doctor Ceruly that I havg examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Udfit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Telt: 6842 7642 Fext: 6743 0954 Telephone Number. Telt: 6842 7642 Fext: 6743 0954 Telephone Number. | 5 Skin-Chronic Disease (e.g. leprosy, widespread | | | | 1 = 11 |
| 6 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 1 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Part IV Certification from the Doctor Certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Uglift for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Winnie Medical Pie Ltd Signature of Doctor (in BLOCK Letter) Singapore 350081 Tel: 6842 7542 Fax: 6743 0954 Telephone Number. 15 JAN 2019 | eczema, psoriasis, etc) | | | | |
| Limb movement and co-ordination 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. (hyrotoxicosis 8 Mental state Part IV Certification from the Doctor ceruly that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Utilit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Telt 6842 7842 Fax: 6743 0954 Telephone Number. Certification Note: | | | b Colour Vision (for electricians | | |
| 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 1 Interpretation from the Doctor cerufy that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Usfit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6642 7642 Fax: 6743 0954 Telephone Number. 15 JAN 2019 | a Significant limb amputation or deformity | | c Any organic eye disease, e.g. Trachoma | | |
| d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. (hyrotoxicosis | c Significant spinal deformity | 1 H | | | |
| 7 Endocrine disorders, e.g. thyrotoxicosis done at laboratories approved by the Ministry of Health. 2 art IV Certification from the Doctor certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Ugfit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6842 7842 Fext: 6743 0954 Telephone Number. 15 JAN 2019 | d Other significant abnormalities (in relation to the | lö l | | | |
| Singapore 360081 Tel: 6842 7642 Fex: 6743 0954 Telephone Number. Telephone Number. Telephone Note: | Work required to be performed) | | HIV (AIDS) Test and blood | film for Malaria must be | |
| Part IV Certification from the Doctor ceruly that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is "Fit / Unfit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6642 7642 Fax: 6743 0954 Telephone Number. Detele where inapplicable 15 JAN 2019 | 8 Mental state | | | ed by the Ministry | - |
| cerully that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this erson is *Fit / Unifit for employment in the above-stated occupation Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Telephone Number. Determine the above-named foreign worker for the clinical examinations / tests in Part III and found that this Signature of Doctor. Date: Tel: 6842 7842 Fax: 6743 0954 Telephone Number. 15 JAN 2019 | | <u> </u> | or Heann. | | |
| Name of Doctor (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6842 7842 Fex: 6743 0954 Determine Number. Tel: 6842 7842 Fex: 6743 0954 Telephone Number. 15 JAN 2019 | art IV Certification from the Doctor | | | | j |
| Name of Doctor (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor. Olinic Address: Singapore 380081 Telt 6842 7642 Fext 6743 0954 Date: Telephone Number. Telephone Number. 15 JAN 2019 | ceruly that I have examined the above-named foreign worker for t erson is "Fit / Udift for employment in the above-stated occuration | ne clinical exa | minations / lests in Part III and found | I that this | 7 [|
| Clinic Address: Singapore 360081 Tel: 6842 7642 Fax: 6743 0954 Telephone Number. | Name of Doctor 10/10010 Moducal I | | | · viza w | |
| Singapore 360081 Tel: 8842 7842 Fex: 6743 0954 Telephone Number. 1 5 JAN 2019 | Oit 91 Machbergon Land | | Signature of Doctor. | - 477 | **_!@\\ |
| Tel: 8842 7842 Fex: 6743 0954 Telephone Number. 1 5 JAN 2019 | Onlie Medicas. | | Date: | | (7.27 _c |
| petete where inapplicable 15 JAN 2019 | | 3 0954 | Telephone Number. | | <u> </u> |
| octors to Note: | | | 15 JAN | 2019 | |
| | octors to Note: ease send the completed medical form back to the employer team | ninument sec | , - | • | |