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

V/Jame Medical Cente Blk 61 Macoherson Lane ≠01-35 Singapore 350081

HUAI NGAIH DON

IC .MD306877 DOB :10-Dec-1994

Full Medical Exal Sex :	emate		
All parts in this form are to be completed by:	:169886 Date :06-Jui	9886 be endorsed by the doctor who office.	
Part I Personal Particulars of Foreign Worker			. 1
Name	Passand Na	o Sex: *Male / Female Height: Citizenship: Weight:	41
Occupation:	Date of Ride	Citizenship: Weight:	29 %
i e e e e e e e e e e e e e e e e e e e			-2 ^9
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief of 1 Mental illness	I hereby give		
0.0.1414.0000			
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		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 a generators with eardin murmure or	00 0	1 Chest X-ray to be taken in Singapore (*For any abnormalities and other findings including no active lung fesion, please state here and attach the chest radiological report to this form.)	
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins Anaemia (if clinically anaemic, do HB: 9%)		2 Urine a Albumin b Sugar	
3 Respiratory System		c Pregnancy	
4 Abdomen a Hernia	l-	VDRL 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 d Genito-Urinary System		or without glasses.) a Vision Acuity	
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	
eczema, psoriasis, etc) 6 Locomotor/Neurological		ii) Left eye 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 c Significant spinal deformity		6 Blood film for Malaria 7 HIV (AIDS)	8
d Other significant abnormalities (in relation to the	🗆 📗	Note:	İ
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 the clinical examinations / tests in Part III and found that this person is "Fit / Unfit for employment in the above-stated occupation. Windian I Described the property of the prop			
Name of Doctor: (in BLOCK Letter) Winnie Medical Pte Ltd Signature of Doctor: Signature of Doctor:			
Clinic Address: Singapore 360081	= #U1-35	Date: Prigons	
Clinic Address: Singapore 360081 Date: Tel: 6842 7842 Fax: 5743 0954 Telephone Number: **Delete where inapplicable** **D			
*Delete where inapplicable Doctors to Note: 07 JUN 2018			
Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.			