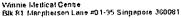
Work Pass Division 18 Havelock Road

Singapore 059764 www.mom.gov.sg





orkers Full Med WAI WAI AUNG nents must be endorsed by the doctor who All parts in this form are to be co IC:MD467977 DOB:10-Jul-1989 for identification. completes this form. The foreign w Sex :Female Part | Personal Particulars of For PID:P173363 κ: *Male / Female Reg. Date :14-Aug-18 03:45PM HP: Name: .zenship: Occupation: Part II Medical History (To be declared and signed by the foreign worker) No / If yes, give brief details If yes, give brief details Tuberculosis Mental illness Epilepsy Heart Disease 3 Chronic Asthma Malaria Operations Diabetes Mellitus Hypertension 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. 1 4 AUG 2018 Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Abnormal Abnormal Other Tests Clinical Examinations Cardiovascular System Chest X-ray - to be taken in Singapore (*For any abnormalities and other findings including no active Blood Pressure lung lesion, please state here and attach the chest Systolic: radiological report to this form.) 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 2 Urine symptoms suggestive of Myocardial ischaemia) Severe varicose veins Albumin Sugar 2 Anaemia (if clinically anaemic, do HB: Pregnancy 3 Respiratory System c Abdomen 3 VDRL 4 Hearing - unable to hear ordinary conversation at 2m Hernia Vision (should be at least 6/12 in both eyes with Enlarged Liver b or without glasses.) Enlarged Spleen Genito-Urinary System Vision Acuity Skin-Chronic Disease (e.g. leprosy, widespread i) Right eye ii) Left eye eczema, psoriasis, etc) Colour Vision (for electricians & drivers only) Locomotor/Neurological Any organic eye disease, e.g. Trachoma Significant limb amputation or deformity Limb movement and co-ordination 6 Blood film for Malaria Significant spinal deformity 7 HIV (AIDS) Other significant abnormalities (in relation to the Note: Work required to be performed) HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry Endocrine disorders, e.g. thyrotoxicosis 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 / Unlit for employment in the above-stated occupation. Winnie Medical Pte Ltd Name of Doctor. D. Chong Kwok') Bik 81 Macpherson Lane #01-35 (in BLOCK Letter) Signature of Doctor: 三君 MBBS, DFD. Singapore 360081 Clinic Address: Date: Tel: 6842 7842 Fax: 6743 0954 S.M.C. No: 0033 Telephone Number: 1 5 AUG 2018 *Delete where inapplicable

Doctors to Note: