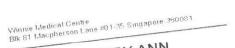
## **Work Pass Division**

18 Havelock Road Singapore 059764 www.mom.gov.sg





Full Medic GACOSTA	MARYA	ers	
All parts in this form are to be compl completes this form. The foreign worke			octor who
Part I Personal Particulars of Foreign			
Sex			W.Y
Name: PID :P186656	19 09:	41AM HP: le / Female Height:	S cm
Occupation: Reg. Date :2:	0-Mai-10	41AM HP: le / Female Height: Citizenship: Weight:	kg kg
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief d  1 Mental illness		Yes No If yes, give brief det  Tuberculosis	
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 of Foreign Worker Date 2 0 MAR 2019			
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	
a Blood Pressure Systolic: Diastolic:		abnormalities and other findings including no active lung lesion, please state here and attach the chest	
	_	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			
symptoms suggestive of Myocardial ischaemia)	1	2 Urine	
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)	+= -	a Albumin b Sugar	
3 Respiratory System	-	c Pregnancy	
4 Abdomen	1000	3 VDŘL	
a Hernia		4 Hearing – unable to hear ordinary conversation at 2m	
b Enlarged Liver c Enlarged Spleen		5 Vision (should be at least 6/12 in both eyes with	
d Genito-Urinary System		or without glasses.) 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 b Limb movement and co-ordination	I = -	c Any organic eye disease, e.g. Trachoma  Blood film for Malaria	-
c Significant spinal deformity		7 HIV (AIDS)	H
d Other significant abnormalities (in relation to the		Note:	_
Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be	
7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state		done at laboratories approved by the Ministry 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.			
Name of Doctor: (in BLOCK Letter) Winnie Medica	I Pte I t	d Signature of Doctor:	
RIL 81 Machherson I			
Clinic Address: Singapore 360081		Mon Jong Hi	ang
Tel: 6842 7842 Fax:	6743 0054	Telephone Number: MCR: 08896Z	
*Delete where inapplicable			
2 N MAR 2019			
Doctors to Note:  Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.			