## **Work Pass Division**

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



Full M Winnie Medical Centre Blk 81 Macpherson Lane #01-3	5 Singapore 360	Workers	M
All parts in this form are to be completes this form. The foreig		ndments must be endorsed by the doctor who stor for identification.	
Part I Personal Particulars o IC :MA809021 DOB :2	5-Nov-1988		
Sex :Female	- 1101 1000		152
Name:		Sex: *Male / Female Height: Citizenship: Weight:	/6 3 cm
Occupation:		_ Citizenship: Weight:	4 kg
Part II Medical History (To be			
Yes No If yes, give brief details  1 Mental illness		Yes No If yes, give brief details 6 Tuberculosis	
1 Mental illness		7 Heart Disease	
3 Chronic Asthma		8 Malaria	
5 Hypertension		o operations II y	
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.			
wai /	2 N APR 2018		
Signature of Foreign Worker		Date	-
Signature of Poreign Worker			
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 a Blood Pressure		Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active	
a Blood Pressure Systolic:		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			
symptoms suggestive of Myocardial ischaemia)		2 Urine	
d Severe varicose veins		a Albumin	
2 Anaemia (if clinically anaemic, do HB:g%)		b Sugar	
3 Respiratory System		c Pregnancy	
4 Abdomen		3 VDRL	
a Hernia b Enlarged Liver		Hearing – unable to hear ordinary conversation at 2m     Vision (should be at least 6/12 in both eyes with	H
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  6 Blood film for Malaria	
b Limb movement and co-ordination c Significant spinal deformity		6 Blood film for Malaria 7 HIV (AIDS)	+
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		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			
person is *Fit / Unfit for employment in the above-stated occupatione Ltd  Winnie Medical Potential APR 2018			
Name of Doctor:		Signature of Doctory	
		Dr. Andrew W. K. Chee	
Clinic Address: Singapore 36006 Tel: 6842 7842 Fax: 67	43 0954	Date: M.B., B.S. (S'pore) (1	
161, 00		Telephone Number: Family Physician	
*Delete where inapplicable MCR: 02587/I			
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.			
I loade dend the completed medical form back to the employer / e	mpioyment at	gont promptly, so that they can get the work pass issued.	