Work Pass Division

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

Winnie Medical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081

ALANO NORMA SABILE Full Mt IC :EC3918588 DOB :07-May-1982



Vorkers

iments	must	be	endorsed	by	the	doctor	who
or for identification.							

All parts in this form are to be completes this form. The foreign PID :P190867		ir for identification	lorsed by the doctor who				
Part I Personal Particulars of F Reg. Date :21-May-	.19 08:41AM	nr -	/				
Name:	Passport No	Say: *Mala / Famala	156				
Occupation:	Date of Birth		Height:cm				
Part II Medical History (To be declared and signed by the			vveignt: kg				
Yes No If yes, give brief of	letails	Yes No If ye	es, give brief details				
1 Mental illness		6 Tuberculosis	., 0				
3 Chronic Asthma		8 Malaria					
4 Diabetes Mellitus		9 Operations					
I declare that all the information given above is true and correct.	I hereby give r	ny consent for a copy of this medical form after	it is completed by the dealer t				
be released to the Ministry of Manpower, my employer, and also t	to the employm	ent agent who assisted in my work permit appli	cation.				
Alam		2 1 MAY	2019				
Signature of Foreign Worker	Date						
Part III Please tick if any of the Examinations / Tests is A	Abnormal and	give brief details separately.					
Clinical Examinations	Abnormal	Other Tests	Abnormal				
Cardiovascular System Blood Pressure		1 Chest X-ray – to be taken in Singapore (*For any				
Systolic: Diastolic:		abnormalities and other findings including lesion, please state here and attach	g no active				
		radiological report to this form.)	trie triest				
b Heart Disease c ECG (compulsory for male Thai workers & others		2 T	8 × 1				
above age 50, and in younger applicants where it is							
indicated, e.g. persons with cardic murmurs or							
symptoms suggestive of Myocardial ischaemia)	12.5	2 Urine					
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB:g%)		a Albumin					
Anaemia (if clinically anaemic, do HB:g%) Respiratory System		b Sugar c Pregnancy					
4 Abdomen		3 VDRL					
a Hernia		4 Hearing – unable to hear ordinary conver	sation at 2m				
b Enlarged Liver c Enlarged Spleen		5 Vision (should be at least 6/12 in both ey	es with				
d Genito-Urinary System		or without glasses.)					
5 Skin-Chronic Disease (e.g. leprosy, widespread		a Vision Acuity i) Right eye					
eczema, psoriasis, etc)		ii) Left eye					
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers o	nly)				
a Significant limb amputation or deformity		 Any organic eye disease, e.g. Trachoma 					
b Limb movement and co-ordination c Significant spinal deformity	100	6 Blood film for Malaria					
d Other significant abnormalities (in relation to the		7 HIV (AIDS) Note:					
Work required to be performed)		HIV (AIDS) Test and blood film for Mala	aria muet ho				
7 Endocrine disorders, e.g. thyrotoxicosis		done at laboratories approved by the M	linistry				
8 Mental state		of Health.	,				
Part IV Certification from the Doctor							
I certify that I have examined the above-named foreign worker for the person is *Fit / Unfit for employment in the above-stated occupation	he clinical exar	ninations / tests in Part III and found that this					
possessing Tit 7 cm to employment in the above-stated occupation	n.						
Name of Doctor: (in BLOCK Letter) Winnie Medical F	Pte Ltd	Signature of Doctor:	Charalte hat of				
Clinic Address: BIK 81 Macpherson Lar	ne #01-35	Monday Jan					
Singapore 360081		Date: Telephone Number:	M.C. Mar 00227 1-1				
Tel: 6842 7842 Fax: 67	43 0954		7 2019				
Doctors to Note:		Z 1 11A	4013				
	plovment agen	t promptly so that they can got the week					
lease send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued. WPCM 015 The information is updated on 27 Mar 2018							