

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



MINISTRY OF  
MANPOWER

## Vorkers

Sex : Female  
PID : P190867

ments must be endorsed by the doctor who  
for identification.

Reg. Date : 21-May-19 08:41AM HP :

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Weight: 52 kg

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

Date \_\_\_\_\_

21 MAY 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 a Blood Pressure Systolic: 140/86 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 cardiac murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active lung lesion, please state here and attach the chest radiological report to this form.)  2 Urine a Albumin b Sugar c Pregnancy	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.) a Vision Acuity i) Right eye ii) Left eye b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 HIV (AIDS) <b>Note:</b> HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

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.

Signature of Doctor: Dr. Chong Kwok Yan  
Date: MBBS, DFD  
Telephone Number: S.M.C. No: 00337

21 MAY 2019

Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.