Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg

Winne Medical Centre Blk AT Marpherson Lane bit 1 % Singapore 360081

THET THET NWE

IC MD890270 DOB 24-Apr-1994

Full Medical

Sex Female

PID:P184182



the doct

Name: Passport No Sex: *Male / Female	All parts in this form are to be comple completes this form. The foreign worker Reg. Date 19-Feb-19 03 37PM HP lentification.				
Mantal liness Vas No If yee, give brief details Thereruless Yee No If yee, give brief details Yee	Part I Personal Particulars of Foreign Worker			115	
Mantal liness Vas No If yee, give brief details Thereruless Yee No If yee, give brief details Yee	Name:	Passport No.	Sex: *Male / Female Height:	151 cm	
Mantal liness Vas No If yee, give brief details Thereruless Yee No If yee, give brief details Yee	Occupation.	Date of Birth	Citizenship Weight:	$\frac{55}{}$ kg	
Menial illness	Part II Medical History (To be declared and signed by the foreign worker)				
1 Mental filness 2 Epilepsy 3 Chromic Asthma	Ves. No. If was give brief details Yes. No. If yes, give brief details				
Signature of Foreign Worker Date Part III Please tick if any of the Examinations / Tests is Abnormal and give brief datalis separately. Clinical Examinations Abnormal Other Tests Signature of Foreign Worker Other Tests Other Tests Other Tests Other Tests Other Tests Systolic Diastolic Heart Disease ECG (compulsory for male Their workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardie murnurs or symptoms suggestive of Myocardial ischaemia) Abnormal Other Tests Other Te	1 Mental illness		9 Operations		
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations Abnormal Clover Tests Clinical Examinations Abnormal Clover Tests C	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.				
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations	- The t		1 9 FEB 2019		
Clinical Examinations	Signature of Foreign Worker		Date		
Clinical Examinations	Dark III - Blooms fink if any of the Everyinations / Tarte is A	Ahnormal and	d give brief details separately.		
Carlinoasecular System a Blood Pressure Systolic: Diastolic: Diast	Part Hi Please lick if any of the Examinations / lests is A			TAbacan	
a Blood Pressure Systolic Diastolic b Heart Disease above age 50, and in younger applicants where it is indicated, e.g. persons with cardic mumurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (Edinically anaemic, do HB: 9%)		Abnormal			
Systolic Disstolic. Heart Disease EGG (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) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 939) b Sugar 2 Anaemia (if clinically anaemic, do HB: 939) b Sugar c Pregnancy 4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Uniary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psariasis, etc) 6 Locomotor/Neurological a Significant imb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity Other significant spinal deformity To Endocrine disorders, e.g., thyrotoxicosis Mental state Part IV Certification from the Doctor Lectify that I have examined the above-named forego 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) Clinic Address: Signature of Doctor. Clinic Address: Lind movement and the above-named forego 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) Clinic Address: Signature of Doctor. Clinic Address: Lind movement and condition of the Doctor Lectify that I have examined the above-named forego 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. Clinic Address: Signature of Doctor. Clinic Address: Signature of Doctor. Lettify that I have examined the above-maned forego worker for the clinical examinations / tests in Part III and found that this person is "Fit / Unfit for employment in the above-stated occupation Lind where mapplicable Lind where mapplicable	St. J.B.		abnormalities and other findings including no active	السا	
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) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)	Systolic: 17 S	1	lung lesion, please state here and attach the chest		
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) d Severe varicose veins 2 Anaemia (fichically anaemic, do HB: 9%) b Sugar 3 Respiratory System C Pregnancy C	Diastolic:				
above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%)	b Heart Disease				
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia) d. Severe varicose veins 2. Anaemia (if clinically anaemic, do HB: 9%) b. Sugar 3. Respiratory System c. c. Pregnancy c. Pregnancy	c ECG (compulsory for male Thai workers & others				
symptoms suggestive of Myocardial ischaemia) Severe varicose veins	above age 50, and in younger applicants where it is				
Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%)	indicated, e.g. persons with cardic murmurs or			1	
A Severe Various Veins A Respiratory System A Abdomen A Abdomen B Herria B Herria B Enlarged Liver C Enlarged Spleen G Genito-Urinary System C Systin-Chronic Disease (e.g. leprosy, widespread ezeram, psoriasis, etc) B Limb movement and co-ordination C Significant spinal deformity D Limb movement and co-ordination C Significant abnormalities (in relation to the Work required to be performed) T Endocrine disorders, e.g. thyrotoxicosis Mental state 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) Clinic Address: Clinic Address: D Sugar D Sugar D Sugar D Note: HIV (AIDS) Test and blood film for Malana must be 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) Clinic Address: Clinic Address: Tele 8842 7842 Fax: 6743 0954 Telephone Number: **Delate where inapplicable** **Delate where inappl	symptoms suggestive of Myocardial ischaemia)			1	
Respiratory System					
A Abdomen			•		
A Abdomen a Herrina b Enlarged Liver c Enlarged Spleen d Genito-Uninary System 5 Skin-Chronic Disease (e.g. leprosy, widespread ezcama, psoriasis, etc) 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) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor Locality 1 Right eye ii) Left eye b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria 7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Part IV Certification from the Doctor Locality 1 Certification from the Doctor Locality 1 Certification from the Doctor Locality 1 Certification from the Doctor Locality 2 Declaration from the Doctor Clinic Address: Blook Letter) Clinic Address: Blook Letter) Clinic Address: Blook Letter) Clinic Address: Clinic Address: Clinic Address: Colour Julia to the ear ordinary conversation at 2m Hearing — unable to hear ordinator or denoth eye with or without glasses; 1 Vision Acutly 1 Right eye 1 Right eye 1 Colour Vision (for electricians & drivers only) 2 Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria 7 HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health. Part IV Certification from the Doctor Locality 2 Declaration from the Doctor Clinic Address: C	\	L			
a Herria b Enlarged Liver c Enlarged Spleen d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant sipinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor 1 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) Clinic Address: Singapore 360081 Singapore 360081 Singapore 360081 Telefelw where mapplicable Portors to Note: Toelete where mapplicable Portors to Note: Telephone Number: 1 Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should be at least 6/12 in both eyes with or without glasses) Vision (should sease (e.g. leprosy.) Night eye ii) Left eye Cholour Vision (for electricians & diversories of the least of the least of vision Action or without glasses, e.g. T		l —		<u> </u>	
b Enlarged Spleen c Enlarged Spleen d Genito-Urinary System Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) le 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) T Endocrine disorders, e.g. thyrotoxicosis Mental state 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) Clinic Address: Delete where mapplicable Tolete where mapplicable or without glasses: a Vision Aculty I) Right eye ii) Left eye b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma c Any organic eye disease, e.g. Trachoma c Blood film for Malaria T HIV (AIDS) Note: HIV (AIDS) HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be 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) BIT Bl MacPhasis in Lane #01-35 Signature of Doctor. Signature of Doctor. Telephone Number: Telephone Number: 2 0 FEB 2019	1	1 =	E Vision (chould be at least 6/12 in both eyes with		
d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 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) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state 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) Clinic Address: Clinic Address: Delete where mapplicable Poeters to Note: Telephone Number: 2 0 FEB 2019					
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) In the lepton of the latter of 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) Singapole 360081 Signature of Doctor. (in Caddress: Signature of Doctor. (in BLOCK Letter) Singapole 360081 Singapole 360081 Telephone Number: Telephone Numb			• • • • • • • • • • • • • • • • • • • •		
Substitution Districts (1.9) Substitution of Cartify (1.9) Substitution (1.9) Substit					
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) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state 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) Clinic Address: **Delote where mapplicable** **Delote where mapplicable** Declars to Note: **Delote where mapplicable** **Delote where mapplicable** **Delote where mapplicable** **Delote Note: **Delote to Note: *		-	, , ,		
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) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor 1 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) Clinic Address: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Poeters to Note: 1 Certify that I have mapplicable Date: Telephone Number: 2 0 FEB 2019		 	· · · · · · · · · · · · · · · · · · ·		
b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor 1 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) Clinic Address: Clinic Address: Date: Singapore 360081 Telephone Number: *Delete where mapplicable Postors to Note: HIV (AIDS) Note: HIV (AIDS) Fit / VIOLATION Malaria To Health. Signature of Doctor. Signature of Doctor. Telephone Number: 2 0 FEB 2019		ln			
C Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor 1 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) Clinic Address: **Delete where mapplicable* **Delete where mapplicable* **Delete where mapplicable* **Delete where mapplicable* **Delete Whole: **Delete where mapplicable* **Telephone Number: **Telephone Number: **Delete Whole: **Delete Wh		l			
Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Part IV Certification from the Doctor 1 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) Clinic Address: Winne Medical Pte Ltd Singapore 360081 Singapore 360081 Telephone Number: *Delete where inapplicable* *Delete where inapplicable* *Desters to Note: *Desters to Note: *Desters to Note: **Desters					
Work required to be performed Tendocrine disorders, e.g. thyrotoxicosis Descrete to Note: Work required to be performed Tendocrine disorders, e.g. thyrotoxicosis Descrete to Note: Reduction disorders Des					
Rental state 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) Clinic Address: Pix 81 Macepherson Lane #01.35 Signature of Doctor. (in BLOCK Letter) Date: Telephone Number: *Delate where mapplicable Posters to Note: **Delate where mapplicable** **Delate where mapplicable** **Delate where inapplicable** **Delate where inapplicable** **Delate where inapplicable** **Delate where mapplicable** **Delate where inapplicable** **Delate Note: **Delate where inapplicable** **Delate Note: **Del	Work required to be performed)				
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) Clinic Address: OF CIONTY XAUX YAUX YAUX YAUX YAUX YAUX YAUX YAU	7 Endocrine disorders, e.g. thyrotoxicosis		• • • • • • • • • • • • • • • • • • • •		
l 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) Clinic Address: One of Doctor	8 Mental state	<u> </u>	of Health.		
Name of Doctor. (in BLOCK Letter) Clinic Address:	I certify that I have examined the above-named foreign worker for	ina	34		
Clinic Address: Singapore 360081 Date: Telephone Number: 2 0 FEB 2019	Ple Lid				
*Delete where mapplicable *Delete to Note: Simgapore 38009 Telephone Number: 2 0 FEB 2019	Name of Doctor. (in BLOCK Letter) Winnie Wiedicar Winnie Wiedicar Manherson Lane #01-35		Signature of Doctor.		
*Delete where inapplicable 20 FEB 2019	Clinic Address: SE RT MISSER	Sinic Address: 2060081		Date: 4 3 3 3 3 5 6 5 6	
*Delete where inapplicable 20 FEB 2019	Singapore snago:				
*Delete where mapplicable Z 0 FEB 2019	Telephone Number:				
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.	7 N FF4 7010				
	Doctors to Note: Please send the completed medical form back to the employer / 6	employment a	gent promptly, so that they can get the work pass issued.		