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

Winnie Medical Centre Bik 81 Macpherson Lane =01 35 Singapore 360081



NAN MAY THU HTET LIN

Abnormal Signature of Foreign Workers Part Personal Particulars of Foreign Workers Part Personal Particulars of Foreign Workers Part Personal Particulars of Foreign Workers Passport No. Sex: "Male / Female Height Meight	Full Medical E IC: MA597688 DOB: 03-Feb-1991			i		
Name:	completes this form. The foreign worker's 1 PID :P173412					
Name:	Part I Personal Particulars of Foreign Wo Reg. Date :06-Aug-18 02:55PM HP:					
Cocupation: Date of Brith: Citizenship: Weight: Sky Part II Medical History (To be declared and signed by the foreign worker) Mental illness				e / Female Height: i	57 cm	
Part II Mental illness yes No If yes, give brief details 6 Tuberculosts 7 Heart Disease 3 Chronic Asthma 4 Diabetes Mellitus 9 Depretions 9 De	Contraction:	Date of Righ	Citizenshi	n Welcht:	5 ko	
1 Mental liftness Sepilepsy The Action Sepilepsy Sepilepsy The Action The Action Sepilepsy The Action Sepilepsy The Action S				p		
1 Mental illness						
Signature of Foreign Worker Part III Please tick If any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations	1 Mental illness	etalis	6 Tuberculosis 7 Heart Disease 8 Malaria	_	tans	
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Clinical Examinations	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.	< Ann May Thu HIET	lin	0	6 AUG 2018		
Clinical Examinations	Signature of Foreign Worker		Date			
Clinical Examinations	Boot III. Blacco tick if any of the Evaminations / Tosts is Abnormal and give hyief details senarately.					
Cardiovascular System Blood Pressure Systolic: Diastolic: Di		,	<u> </u>	·	(46	
a Blood Pressure Systolic: Dissolic:		Abnormal		in Singapore (*For any	+	
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 Ansemia (fi clinically anaemic, do HB: g9%)	I - Blood Become		abnormalities and other fin lung lesion, please state h	dings including no active ere and attach the chest		
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%) 3 Respiratory System 4 Abdomen 4 Abdomen 5 Linarged Liver 6 Enlarged Spleen 6 Genito-Uniary System 6 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 1 Cortify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is "Fir! Unfift for employment in the above-stated occupation. Name of Doctor: (in BLOCK Letter) Clinic Address:	b Heart Disease c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is					
3 Respiratory System	symptoms suggestive of Myocardial ischaemia)					
Abdomen A Hernia Abdomen A Hernia B Enlarged Liver C Enlarged Spleen G Genito-Urinary System Significant limb amputation or deformity D Limb movement and co-ordination C Significant spinal deformity D Under 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 Locority 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: BIR 84 Macpherson Lane #04 35 Date: Telephone Number: Note: Singapore 360081 Telephone Number: Telephone Number: Telephone Number: Singapore 360081 Telephone Number:			_			
a Hernia 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 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 Locrify 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: Discording to the ear ordinary conversation at 2m 5 Vision (should be at least 6/12 in both eyes with or wishout least 8/12 in both eyes						
c Enlarged Spleen d Genito-Uninary System Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) leading a Significant limb amputation or deformity Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) Fendocrine 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: Winnie Medical Pte Ltd Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Poetiors to Note: Tel: 6842 7842 Fax: 6743 0954 Poetiors to Note:	,		4 Hearing – unable to hear of	rdinary conversation at 2m		
d Genito-Urinary System						
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) i) Right eye ii) Left eye ii) Left eye iii) Left eye legender eye leases, e.g. Trachoma iii) Left eye leases, e.g. Trachoma iii) Left eye leases, e.g. Trachoma iii) Left eye leases, e.g. Trachoma lease						
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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: Blik 81 Macpherson Lane #01-35 Signature of Doctor: (in BLOCK Letter) Tel: 6842 7842 Fax: 6743 0954 Doctors to Note:				ans & drivers only)	ᅡ片	
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Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 8 Mental state Dart 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: Blk 81 Macpherson Lane #01 35 Signature of Doctor: Dr Leong Chee Lum MCR No. 01947z *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Doctors to Note:		\H	Note:	N		
B Mental state			HIV (AIDS) Test and blo	od film or Malaria must be		
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Name of Doctor: (in BLOCK Letter) Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Doctors to Note: Dr Leong Chee Lum MCR No. 01947Z Telephone Number:	Part IV Certification from the Doctor					
(in BLOCK Letter) Clinic Address: Blk 81 Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Dr-Leong Chee Lum MCR No. 01947Z Telephone Number: Tel: 6842 7842 Fax: 6743 0954						
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Singapore 360081 Telephone Number: 7000 No. 01947Z *Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Doctors to Note:	Ciris Address: Dr-Leong Chea Luna					
*Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 Postors to Note:	71CA NO. (119777					
Doctors to Note:	singapoie souvo:					
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.	*Delete where inapplicable 181: 0042 1042 1 ax. 0143 0904					
The information is undated on 27 Mar 2018						