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

Winnie Litedical Centre 8k 81 Liacpherson Lane #01 35 Singapore 360081



TITULAR DONA SORIANO

Full Medic IC :EC7620525	IC :EC7620525 DOB :12-Mar-1975		'kers	
All parts in this form are to be com completes this form. The foreign wor PID :P174166			nts must be endorsed by the ridentification.	doctor who
Part Personal Particulars of Forei Reg. Date : 20-Aug-18 12:57PM HP :				
	146			
Name:	Passport No	Sex	: "Mafe / Female Height:	cm
Name: Passport No Sex: *Mate / Female Heigh Occupation: Date of Birth: Citizenship: Welgi				кд
Partil Medical History (To be declared and signed by the foreign worker)				
Yes No If yes, give brief d 1 Mental illness		6 Tuberculosis 7 Heart Disease 8 Malaria 9 Operations	Yes No if yes, give brief d	
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.				
× Affridadas		2 0 AUG 2018		
Signature of Foreign Worker Date				
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.				
Clinical Examinations	Abnormal	Other Tests	Anton in Cincomera (*Engany	Abnormal
1 Cardiovascular System a Blood Pressure		abnormalities and of	taken in Singapore ("For any her findings including no active	
Systolic: 140 90		lung lesion, please state here and attach the chest		
Diastolic:		radiological report to this form.)		
c ECG (compulsory for male Thai workers & others		j		
above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or			. <u></u>	
symptoms suggestive of Myocardial ischaemia)	_	2 Urine a Albumin		
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: 9%)	╁╬╼╌┤	a Albumin b Sugar		
3 Respiratory System				
4 Abdomen		3 VDRL	hear ordinary conversation at 2m	-
a Hernia b Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with		
c Enlarged Spleen		or without glasses.)		
d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread	╂	a Vision Acuity i) Right eye		
eczema, psoriasis, etc)		ii) Left eye		
6 Locomotor/Neurological			ectricians & drivers only)	
a Significant limb amputation or deformity b Limb movement and co-ordination		c Any organic eye disease, e.g. Trachoma		
c Significant spinal deformity		7 HIV (AIDS)		
d Other significant abnormalities (in relation to the Work required to be performed)		Note: HIV (AIDS) Test a	nd blood film for Malaria must be	
7 Endocrine disorders, e.g. thyrotoxicosis	0	done at laboratorie	es 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.				
Name of Doctor: Name o				
(in BLOCK Letter) Winnie Medica	nie Medical Pte Ltd			
	31 Macpherson Lane #01-35		Date: M.B., B.S. (S'pore) (1979) Family Physician	
Singapore 360081		Telephone I		
Tel; 6842 7842 Fax: 6743 0934				
*Delete where inapplicable 2 1 AUG 2018				
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.				