

Winnie Memorial Centre
Blk 21 Marpherson Lane #01-35, Singapore 360081



MINISTRY OF
MANPOWER

Sex :Female

PID :P173222

Reg. Date :02-Aug-18 02:20PM HP.

be endorsed by the doctor who
ation.

Name: _____ Passport No. _____ Sex: ☒ Male / ☐ Female Height: 150 cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: 46 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S 2015
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

02 AUG 2018

Date _____

Clinical Examinations	Abnormal	Other Tests	Abnormal
1 Cardiovascular System a Blood Pressure Systolic: 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	<div>140/80</div> <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"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	3 VDRL	<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"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<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"/>
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"/>	6 Blood film for Malaria	<input type="checkbox"/>
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<input type="checkbox"/>
8 Mental state	<input type="checkbox"/>		

Name of Doctor: _____ Winnie Medical Pte Ltd
(in BLOCK Letter)
Clinic Address: _____ Blk 81 Macpherson Lane #01-35
Singapore 360081
Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor: Dr. Andrew W. K. Chee
Date: M.B., B.S. (S'pore) (1979)
Telephone Number: Family Physician
MCR: 0258771

03 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.