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

Winnie Matrial Centre Bik 81 Macpherson Lane ≑01 35 Singapore 360081

## YIN YIN AYE

IC :MB662806 DOB :01-Feb-1989

Sex :Female

## Full Medical Exa PID:P173222



All parts in this form are to be completed by completes this form. The foreign worker's Tra.	ate :02-Aug	be endorsed by the cation.	loctor who
Part I Personal Particulars of Foreign Worker			5
Name:	Pacennet Ne	oSex: *Male / Female Height: n:Citizenship: Weight: _	150
Cocupation	Date of Birth	Chizanakin Waight	46
Occupation:	Date of Birt	n: Citizenship: vveight: _	kg
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief of  1 Mental illness	details	Yes No If yes, give brief de  6 Tuberculosis	taifs
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.  1. Auc.  1. A			
7 CPH		0 Z A00 Z010	
Signature of Foreign Worker		Date	<del></del> -
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		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	
Systolic: Diastolic: b Heart Disease	_	radiological report to this form.)	
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	1 1		1 1
symptoms suggestive of Myocardial ischaemia)	1	2 Urine	
d Severe varicose veins		a Albumin	□
2 Anaemia (if clinically anaemic, do HB: g%)	19	b Sugar	
3 Respiratory System 4 Abdomen		c Pregnancy 3 VDRL	<del>   </del>
a Hernia	10 t	4 Hearing – unable to hear ordinary conversation at 2m	<del>       </del>
b Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with	<del>                                     </del>
c Enlarged Spieen		or without glasses.)	
d Genito-Urinary System	<u>                                     </u>	a Vision Acuity	
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	
eczema, psoriasis, etc)		ii) Left eye	
6 Locomotor/Neurological	_	b Colour Vision (for electricians & drivers only)	
a Significant limb amputation or deformity b Limb movement and co-ordination	┠╏	c Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria	<del>┞╠</del>
c Significant spinal deformity		7 HIV (AIDS)	
d Other significant abnormalities (in relation to the		Note:	
Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be	]
7 Endocrine disorders, e.g. thyrotoxicosis		done at laboratories approved by the Ministry	1
8 Mental state		of Health.	
Part IV Certification from the Doctor  [ 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) Medica	Pte !	td Signature of Doctor: Dr. Andrèw W. K	
(in BLOCK Letter)  Clinic Address:  Winnie Medical Pte ! td Signature of Doctor:  Date:  Date:  Bik 81 Macpherson Lane #01-35  Date:  Family Physician			
Blk 81 Macpherson c		Telephone Number: Family Physic	
Singapore 360081 Telephone Number.			
**Delete where inapplicable Tel: 6842 7842 Fax: 6743 0954 <b>0 3 AUG 2018</b> **Doctors to Note:			
poctors to Note:  Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.			