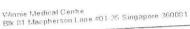
Work Pass Division

18 Havelock Road Singapore 059764 www.mom.gov.sg





Full Medica NINI WIN ers IC :ME062774 DOB :25-Jul-1992 s must be endorsed by the doctor who All parts in this form are to be comple completes this form. The foreign worke Sex : Female Part I Personal Particulars of Foreign PID:P186701 Reg. Date :20-Mar-19 02:53PM HP : ale / Female Name: ___ Citizenship: ___ Weight: Occupation: _____ Part II Medical History (To be declared and signed by the foreign worker) No If yes, give brief details If yes, give brief details **Tuberculosis** Mental illness 7 Heart Disease 2 **Epilepsy** Malaria 3 Chronic Asthma 8 Diabetes Mellitus Operations Hypertension 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. 2 0 MAR 2019 Signature of Foreign Worker Date Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Abnormal **Clinical Examinations** Abnormal Other Tests Chest X-ray - to be taken in Singapore (*For any Cardiovascular System abnormalities and other findings including no active **Blood Pressure** lung lesion, please state here and attach the chest Systolic: radiological report to this form.) Diastolic: Heart Disease 百 c ECG (compulsory for male That workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or 2 Urine symptoms suggestive of Myocardial ischaemia) Albumin d Severe varicose veins Anaemia (if clinically anaemic, do HB: b Sugar Pregnancy 3 Respiratory System **VDRI** 4 Abdomen 3 Hearing - unable to hear ordinary conversation at 2m Hernia a Vision (should be at least 6/12 in both eyes with **Enlarged Liver** b or without glasses.) **Enlarged Spleen** Genito-Urinary System Vision Acuity 5 Skin-Chronic Disease (e.g. leprosy, widespread i) Right eye ii) Left eye eczema, psoriasis, etc) b Colour Vision (for electricians & drivers only) Locomotor/Neurological Any organic eye disease, e.g. Trachoma Significant limb amputation or deformity 6 Blood film for Malaria Limb movement and co-ordination Significant spinal deformity HIV (AIDS) Other significant abnormalities (in relation to the HIV (AIDS) Test and blood film for Malaria must be Work required to be performed) done at laboratories approved by the Ministry Endocrine disorders, e.g. thyrotoxicosis of Health. 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: Dr Foe-Jong Hiang Signature of Doctor: (in BLOCK Letter) MCR: 08896Z Winnie Medical Pte Ltd Date: Clinic Address: Blk 81 Macpherson Lane #01-35 Telephone Number: Singapore 360081 2 1 MAR 2019 Tel: 6842 7842 Fax: 6743 0954 *Delete where inapplicable

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.