

**Work Pass Division**18 Havelock Road  
Singapore 059764  
www.mom.gov.sgWinnie Medical Centre  
Blk 81 Macpherson Lane #01-35 Singapore 360081**MINISTRY OF  
MANPOWER****Full****KHIN KHIN LAY**

IC : MD908261 DOB : 07-Nov-1984

Sex : Female

PID : P183368

Reg. Date : 31-Jan-19 02:42PM HP :

**Workers**

All parts in this form are to be completed by the foreign worker. The foreign worker must be endorsed by the doctor who is responsible for identification.

**Part I Personal Particulars of**Name: \_\_\_\_\_ Passport No. \_\_\_\_\_ Sex: \*Male / Female Height: 149 cm  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Weight: 68 kg**Part II Medical History (To be declared and signed by the foreign worker)**

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

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	Abnormal
1 Cardiovascular System		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.)	<input type="checkbox"/>
a Blood Pressure	<input type="checkbox"/>		
Systolic: <u>126/80</u>			
Diastolic: <u>80</u>			
b Heart Disease	<input type="checkbox"/>	2 Urine	<input type="checkbox"/>
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)	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	b Sugar	<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		4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
6 Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

**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  
Blk 81 Macpherson Lane #01-35  
Singapore 360081  
Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor:

Date:

Telephone Number:

Dr Leong Chee Lum  
MCR No. 019472

\*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.

WPCM 015

The information is updated on 27 Mar 2018

01 FEB 2019

# Winnie X-Ray Centre

Blk 81, Macpherson Lane #01-35 Singapore 360081 Tel: 6842 7842 Fax: 6743 0954

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Name : KHIN KHIN LAY

Date : 31/01/2019

NRIC/FIN : MD908261

Accession NO : WI800005006

Sex : F

Age : 34

## XT001 - Chest X-Ray PA

### CHEST

No active lung lesion is seen.

The heart size is normal.

31/01/2019

Dr Mohd Iyaz

Consultant Radiologist



EXCELLENCE IN HEALTHCARE

## PATHOLOGY AND CLINICAL LABORATORY PTE. LTD.

45 Kallang Pudding Road #05-01/04 Alpha Building Singapore 349317  
Tel: (65) 67429011 (8 Lines) Fax: (65) 67429226 E-mail: pathlabs@singnet.com.sg  
RCB No. 197200753W

Client ID: 33305

Patient: KHIN KHIN LAY

WINNIE MEDICAL CENTRE  
BLK 81 MACPHERSON LANE  
#01-35  
SINGAPORE  
36008-1

IC/PP...: MD908261  
Age....: 34 Sex: F  
Ref. No: P183368

Request Date: 31/01/2019  
Report Date : 01/02/2019  
Lab Number...: 11323424  
Page Number : 1

\*\* FINAL REPORT \*\*

Test Name	Results	Units	Reference Range
<b>WK6 Profile</b>			
VDRL	梅毒检验	.....	Negative
HIV I & II Ab	爱滋病抗体		Negative
Malaria Parasite (MP)			Negative