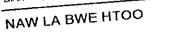
Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg

Winnle Medical Cente Bik 81 Marpherson Lane #01:35 Singapore 360081







		.27 June 1994		
Full Medical E. IC:MD51	7958 DOB	:27-Jun-1994		
Sex :Fem	iale			
All parts in this form are to be completed ip47	6035		st be endorsed by the doctor who fication.	
Part I Personal Particulars of Foreign Worl Reg. Dat	e:20-Sep-1	18 03:36PM HP: fication.		
Name:	Passport N	o. Sex: *Male / Female Height:	() } cm	
Contration	Date of Rid	th: Cllizenship: Weight: _		
Occupation,	Date of Diff	Onzensiip vvogit	<u>~</u>	
Part II Medical History (To be declared and signed by the foreign worker)				
Yes No If yes, give brief o	ietails	Yes No If yes, give brief det	alls	
1 Mental illness		6 Tuberculosis		
3 Chronic Asthma		8 Malaria 🔲 🖵		
4 Diabetes Mellitus 🗍		9 Operations 🔲 🗖		
5 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 confication.				
2 U SEP 2018				
~ NAW LA BUNE A	1t00			
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		
a Blood Pressure		abnormalities and other findings including no active		
Systolic: VU/87	i	lung lesion, please state here and attach the chest	1 1	
	1_	radiological report to this form.)	} I	
b Heart Disease			1 1	
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is	🗆		1 1	
indicated, e.g. persons with cardic murmurs or			1 1	
symptoms suggestive of Myocardial ischaemia)	İ	2 Urine		
d Severe varicose veins		a Albumin		
2 Anaemia (if clinically anaemic, do HB: g%)		b Sugar	□	
3 Respiratory System		c Pregnancy	무	
4 Abdomen		3 VDRL		
a Hernia		4 Hearing – unable to hear ordinary conversation at 2m	 	
b Enlarged Liver c Enlarged Spleen		5 Vision (should be at least 6/12 in both eyes with or without glasses.)		
d Genito-Urinary System	15	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	1 🖳 🔠	c Any organic eye disease, e.g. Trachoma		
b Limb movement and co-ordination		6 Blood film for Malaria	 - - 	
c Significant spinal deformity d Other significant abnormalities (in relation to the		7 HIV (AIDS) 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 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 / Unify for employment in the above-stated occupation.				
	•	4/		
Name of Doctor: (in BLOCK Letter) Winnie Medical Pt	e Ltd	Signature of Doctor:		
Clinic Address: Blk 81 Macpherson Lane #01-35 Date: Dr Leong Chee Lur		<u> </u>		
Singapore 360081		Telephone Number: MCR, No. 01947Z	•	
Tel: 6842 7842 Fax: 6743 0954				
*Delete where inapplicable 2 1 SEP 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.				