



MINISTRY OF
MANPOWER

Winnicott Medical Centre
Blk 31 Laphrobertson Lane #01 Singapore 360081

ndments must be endorsed by the doctor who
tor for identification.

NYI YOU SI

IC :MB389514 DOB :04-May-1992

Sex :Female

Sex: *Male / Female

Height: 174 cm

Occupation:

PID : P122913

Citizenship: _____

Weight: 4 kg

Part II Medical History (To be o

Req. Date :18-Apr-18 03:09PM HP :

	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 type="checkbox"/>	<input checked="" type="checkbox"/>	
5	<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.

ways of you si

16 APR 2018

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 a Blood Pressure Systolic: Diastolic:	<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.)	<input type="checkbox"/>
b Heart Disease	<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"/>	2 Urine	<input type="checkbox"/>
d Severe varicose veins	<input type="checkbox"/>	a Albumin	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
4 Abdomen		3 VDRL	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
b Limb movement and co-ordination	<input type="checkbox"/>	6 Blood film for Malaria	<input type="checkbox"/>
c Significant spinal deformity	<input type="checkbox"/>	7 HIV (AIDS)	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>	Note:	
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
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)

Winnie Medical Pte Ltd

Signature of Doctor:

Clinic Address:

Blk 81 Macpherson Lane #01-35

Date:

Singapore 360081

Telephone Number:

Tel: 6842 7842 Fax: 6743 0954

17 APR 2018

~~Dr Leong Chee Lum~~
MCR No. 019477

*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