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





i dii iii di				kers		
All parts in this form are to be con completes this form. The foreign wo			ents must	be endorsed by the d	octor who	
Part I Personal Particulars of Fore	REYES MARIFE BAYAWA					
IC :P8485365A D	OB :31-Jar	n-1992	/	11-1-1-1	[K)	
Name:Sex :Female			*Male / Fer		$\frac{52}{3}$ cm	
Occupation:PID :P182412			enship:	Weight: _	kg	
Part II Medical History (To be decla Reg. Date :22-Fel	b-19 10:54/	AM HP:				
Yes No  1 Mental illness		6 Tuberculosis 7 Heart Disease 8 Malaria 9 Operations	Yes No	If yes, give brief de	lails	
I declare that all the information given above is true and correct. It be released to the Ministry of Manpower, my employer, and also to Signature of Foreign Worker	hereby give the employn	my consent for a copy of the nent agent who assisted in Date	his medical fo my work pen	orm after it is completed by mit application.		
Part III Please tick if any of the Examinations / Tests is A	bnormal and	d give brief details sepa	arately.			
Clinical Examinations	Abnormal	Other Tests		45	Abnormal	
1 Cardiovascular System a Blood Pressure		<ol> <li>Chest X-ray – to be abnormalities and ot</li> </ol>	The second control of			
Systolic:		lung lesion, please s	state here an			
Diastolic: (3)		radiological report to	this form.)			
b Heart Disease ( )//   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						
symptoms suggestive of Myocardial ischaemia)		2 Urine				
d Severe varicose veins		a Albumin b Sugar				
Anaemia (if clinically anaemic, do HB:g%)     Respiratory System	H	c Pregnancy				
4 Abdomen		3 VDRL				
a Hernia		4 Hearing - unable to	hear ordinar	y conversation at 2m		
b Enlarged Liver		5 Vision (should be at	least 6/12 in	both eyes with		
c Enlarged Spleen		or without glasses.)				
d Genito-Urinary System	<u> </u>	a Vision Acuity	10			
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye ii) Left eye	019			
eczema, psoriasis, etc) 6 Locomotor/Neurological		b Colour Vision (for ele	ectricians &	drivers only)		
a Significant limb amputation or deformity		c Any organic eye disc				
b Limb movement and co-ordination		6 Blood film for Malari				
c Significant spinal deformity		7 HIV (AIDS)				
d Other significant abnormalities (in relation to the		Note:		. for Malaria mount ha		
Work required to be performed)		done at laboratorio		n for Malaria must be		
7 Endocrine disorders, e.g. thyrotoxicosis  8 Mental state	H	of Health.	es approved	by the willing		
Part IV Certification from the Doctor I certify that I have examined the above-named foreign worker for to person is *Fit / Unfit for employment in the above-stated occupation.		aminations / tests in Part III	I and found th	nat this		
Name of Doctor:	ha I th	1 <u>1</u> 11	<b>.</b>	Dr Andt	17 -	
Name of Doctor: (in BLOCK Letter) Winnie Medical Pt	WOA OF	Signature of	f Doctor:	Dr. Andrew W.	K. Chee	
Clinic Address: Blk 81 Macpherson Lane	#01-35	Date:		M.B., B.S. (S'por Family Phys	e) (1979)	
Singapore 360081		Telephone I	Number:	Family Phys	ician	
Tel: 6842 7842 Fax: 674	3 0954		15	MCR: 0258	37/I	
*Delete where inapplicable		7	3 FEB 21	019	- / -	
Doctors to Note:		_		N. V. S.		
Please send the completed medical form back to the employer / en	nployment ag	ent promptly, so that they o	can get the we	ork pass issued.		

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

Patient Name

: REYES MARIFE BAYAWA

Age/Sex : 27/F

Case No : W1218610

Referring Doctor : Dr. Chong Kwok Yan

NRIC NO: P8485365A

Date

: 22/02/2019

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS



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: REYES MARIFE BAYAWA

WINNIE MEDICAL CENTRE

BLK 81 MACPHERSON LANE

#01-35 SINGAPORE 36008-1

Request Date: 22/02/2019 IC/PP..: P8485365A Report Date : 23/02/2019 Age....: 27 Sex: F Lab Number.: 11342437 Page Number: 1 Ref. No: P182412

\*\* FINAL REPORT \*\*

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

This is a computer generated report. No signature is required.

#### **Work Pass Division**

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

Winnie Medical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081

## NAN EI MON

Sex :Female

PID :P184464

IC :MD979095 DOB :13-Apr-1995



All parts in this form are to be cc

**Full Med** 

Reg. Date :22

nents must be endorsed by the doctor who

com	pietes this form. In	e foreign w 3. Sate :2	2-Feb-19 03:10PM HI	D.	ior identification.	
Part	I Personal Partic	ulars of Foreign Worker		-:	12	. (2)
Na	me:		Passport No		:: *Male / Female	Height: 158 cm
Oc	cupation:		Date of Birth:	Citiz	zenship:	_ Weight: kg
Part	II Medical History	Yes No If yes, give	ed by the foreign worker) brief details			give brief details
1	Mental illness		6	Tuberculosis		
2	Epilepsy		7	Heart Disease		
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 application.

	0:
X	21
1	

2 2 FEB 2019

Signature of Foreign Worker

Date

#### Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

CI	inical Examinations	Abnormal	01	ther Tests	Abnormal
1 a b c	Cardiovascular System Blood Pressure Systolic: Diastolic: Heart Disease 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	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.)	
	symptoms suggestive of Myocardial ischaemia)		2	Urine	
d	Severe varicose veins		а	Albumin	
2	Anaemia (if clinically anaemic, do HB: g%)		b	Sugar	
3	Respiratory System		С	Pregnancy	
4	Abdomen		3	VDRL	
a	Hernia		4	Hearing – unable to hear ordinary conversation at 2m	
b	Enlarged Liver		5	Vision (should be at least 6/12 in both eyes with	
С	Enlarged Spleen			or without glasses.)	_
d	Genito-Urinary System		а	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)	
а	Significant limb amputation or deformity		С	Any organic eye disease, e.g. Trachoma	
b	Limb movement and co-ordination		6	Blood film for Malaria	
С	Significant spinal deformity	l H	7	HIV (AIDS)	
d	Other significant abnormalities (in relation to the		No	ote:	*
	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	
8	Mental state		2	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 / Unfit for employment in the above-stated occupation.

Name of Doctor: (in BLOCK Letter)	Winnie Medical Pte Ltd	Signature of Doctor:	Dr. Andrew W. K. Chee
Clinic Address:	Blk 81 Macpherson Lane #01-33	Date:	M.B., B.S. (S'pore) (1979)
	a: 360081	Telephone Number:	Family Physician
Delete where inapplicable	Tel: 6842 7842 Fax: 6743 0954	2 3 FEB 201	MCR : 02507/7

**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.

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

Patient Name

: NAN EI MON

Age/Sex : 23/F

Case No : W1218817

Referring Doctor : Dr. Chong Kwok Yan

NRIC NO: MD979095

Date

: 22/02/2019

Examination CHEST X-RAY - SCREENING X

#### CHEST

No active lung disease is seen. Normal cardiac and mediastinal outlines.

Mild thoracic scoliosis is noted.

#### COMMENT

No active lung disease is seen.



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Client ID:

33305

WINNIE MEDICAL CENTRE BLK 81 MACPHERSON LANE

#01-35 SINGAPORE

36008-1

Patient: NAN EI MON

IC/PP..: MD979095 Age...: 23 Sex: F

Ref. No: P184464

Request Date: 22/02/2019
Report Date: 23/02/2019

Lab Number.: 11342647
Page Number: 1

\*\* FINAL REPORT \*\*

Test Name
Results
Units Reference Range

WK6 Profile

VDRL 梅毒检验 Negative
HIV I & II Ab 爱滋病抗体 Negative
Malaria Parasite(MP)
Negative

This is a computer generated report. No signature is required.

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



Full Medi	Winnie Medical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081			rkers	
All parts in this form are to be concompletes this form. The foreign wo	HOU DEIH MAN IC:MB722834 DOB:20-Jun-1993			ents must be endorsed by the or identification.	loctor who
Part I Personal Particulars of Fore		7B :20-Jun-	-1993		
Name:	Sex :Female			: *Male / Female Height: _ :enship: Weight: _	143 cm
Name:	PID :P184473			. Iwale / Female Height	38
Occupation:	Reg. Date :22-Feb	-19 03:17F	M HP:	enship: Weight: _	kg
Part II Medical History (To be decl	-				
1 Mental illness	If yes, give brief de	etails	6 Tuberculosis 7 Heart Disease 8 Malaria 9 Operations	Yes No If yes, give brief de	rtails
I declare that all the information given abo be released to the Ministry of Manpower, n					by the doctor to
Part III Please tick if any of the Exam	ninations / Tests is Al	bnormal and		arately.	
Clinical Examinations		Abnormal	Other Tests		Abnormal
1 Cardiovascular System	1		L 25 전경 : 10	taken in Singapore (*For any	
a Blood Pressure	19 80			ther findings including no active state here and attach the chest	
Systolic: Diastolic:	1180		radiological report to		
b Heart Disease			, advicing to at 10 percent	, and 10,1111,	
c ECG (compulsory for male Thai wo	rkers & others				
above age 50, and in younger appli					
indicated, e.g. persons with cardic					
symptoms suggestive of Myocardia	l ischaemia)		2 Urine		
d Severe varicose veins 2 Anaemia (if clinically anaemic, do H	IB: g%)	믐	a Albumin b Sugar		
3 Respiratory System	ib g 76)		c Pregnancy		
4 Abdomen			3 VDRL		十十一一
a Hernia				hear ordinary conversation at 2m	
b Enlarged Liver				least 6/12 in both eyes with	
c Enlarged Spleen			or without glasses.)		
d Genito-Urinary System			a Vision Acuity		
5 Skin-Chronic Disease (e.g. leprosy,	widespread		i) Right eye		
eczema, psoriasis, etc) 6 Locomotor/Neurological			ii) Left eye	la atriaiana 8 drivara antv	
6 Locomotor/Neurological a Significant limb amputation or defor	mity		<ul> <li>Colour Vision (for election)</li> <li>Any organic eye dise</li> </ul>	ectricians & drivers only) ease, e.g. Trachoma	
b Limb movement and co-ordination	inity	5 t	6 Blood film for Malari		
c Significant spinal deformity			7 HIV (AIDS)		
d Other significant abnormalities (in re	elation to the		Note:		
Work required to be performed)				and blood film for Malaria must be	
7 Endocrine disorders, e.g. thyrotoxic	osis	무		es approved by the Ministry	1
8 Mental state			of Health.		
Part IV Certification from the Doctor					
I certify that I have examined the above-nar	med foreign worker for th	ne clinical exa	eminations / tests in Part III	I and found that this	1
person is *Fit / Unfit for employment in the	-				
				£1 /	
Name of Doctor: Winn	ie Medical P	104 25			
(In BLOCK Letter)	Macpherson Lane	#01-30	Signature of	f Doctor: Andrew W. K. (	<del>Shee -</del>
Clinic Address:	ara 360081		Date:	M.B., B.S. (S'pore) (1	979)
Tel- 68	42 7842 Fax: 67	43 0954	Telephone N	Comitte Discourt	
iei. 00				MCR: 02587/I	
*Delete where inapplicable			2.3 FF	B 2019	
Doctors to Note:			2012	2010	
Please send the completed medical form ba	ack to the employer / em	ployment age	ent promptly, so that they o	can get the work pass issued.	

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

Patient Name

: HOU DEIH MAN

Age/Sex : 25/F

Case No : W1218823

Referring Doctor : Dr. Chong Kwok Yan

NRIC NO: MB722834

Date

: 22/02/2019

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS



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

WINNIE MEDICAL CENTRE BLK 81 MACPHERSON LANE

#01-35 SINGAPORE 36008-1

Patient: HOU DEIH MAN

IC/PP..: MB722834 Age....: 25 Sex: F Ref. No: P184473

Request Date: 22/02/2019 Report Date : 23/02/2019 Lab Number.: 11342643
Page Number: 1

\*\* FINAL REPORT \*\*

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

This is a computer generated report. No signature is required.

#### **Work Pass Division**

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

Winnie Medical Centre Blk 81 Macpherson Lane #01-35 Singapore 360081



# CHAW CHAW EI

All parts in this form are to completes this form. The fords Sex : Female   Pile : Pile4483    Namo:	Full I	CHAW OHAW E	7 4 4004		Workers		
Part I Personal Particulars C Reg. Date : 22.Feb-19 03:10PM HP: Name:			/-Apr-1991				doctor who
Reg. Date: 22-Feb:19 03:10PM HP:    Sec: 1946   Female   Height	completes this form. The forei				octor for identific	cation.	
Name: Sex: "yelle / Fernale Height. Sex: "yelle / Fernale Medical History (To be declared and signed by the foreign worker)	Part I Personal Particulars c						
Part II Medical History (To be declared and signed by the foreign worker)    Membal liness	Name:	Reg. Date :22-Feb-19 0	3:10PM H	IP:	Sex: *Male / Fe	male Height:	150 cm
Part II Medical History (To be declared and signed by the foreign worker)    Membal liness	Occupation:		Date of Birth		Citizenship:	Weight:	57 kg
Mental liness   Ves   No   If yes, give brief details   6   Tuberculosis   7   Heart Disease   3   Chronic Asthmatical State   No   If yes, give brief details   7   Heart Disease   3   Malaria   9   Operations   9   Operation						vvoigini	
1 Mental illness	Part II Medical History (To be	declared and signed by the	e foreign wo	orker)			
Part III   Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.	1 Mental illness  2 Epilepsy  3 Chronic Asthma  4 Diabetes Mellitus	No If yes, give brief de	etails	7 Heart Dis 8 Malaria	osis	If yes, give brief de	tails
1 Cardiovascular System 2 Blood Pressure Systolic: Diastolic: Diastolicie Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Dia	signature of Foreign Worker	ower, my employer, and also to	the employm	ent agent who ass	isted in my work per	mit application.	
a Blood Pressure Systolic: Diastolic: Diasto	Clinical Examinations		Abnormal	Other Tests			Abnormal
Systolic: Diastolic: b Heart Disease 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 symptoms suggestive of Myocardial ischaemia) d Severe varicose veins d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%) b Sugar 3 Respiratory System c Pregnancy 4 Abdomen d Hearing definition d		1					
symptoms suggestive of Myocardial ischaemia) d Severe varioose veins 2 Anaemia (if clinically anaemic, do HB: g%)	Systolic: Diastolic: b Heart Disease c ECG (compulsory for male T			lung lesion, p	lease state here ar		
d Severe varicose veins				0.11			
2 Anaemia (if clinically anaemic, do HB: g%)		ocardial ischaemia)					
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System		ic, do HB: g%)		b Sugar			
a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread ezzema, psoriasis, etc) 6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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 / Urifit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter) Clinic Address:  Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  4 Hearing — unable to hear ordinary conversation at 2m or without glasses, e.g. theast of 12 without glasses, e.g. with our without glasses, e.g. without glasses, e.g. without glasses, e.g. without glasses, e.g. three deformity in Left eye ii) Left eye iii) Left eye ii							
b Enlarged Liver c Enlarged Spleen d Genito-Uniary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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: (in BLOCK Letter)  Clinic Address:  Singapore 360081  Tel: 6842 7842 Fax: 6743 0954  Doctors to Note:  Signature of Doctor:  Clinic Address:  Dr. Andrew W. K. Chee  M.B., B.S. (S'pore) (1979)  Family Physician  MCR: 02587/I	The same of the sa				hle to hear ordinar	v conversation at 2m	
c Enlarged Spleen d Genito-Urinary System 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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 / Urifit for employment in the above-stated occupation.  Name of Doctor:  Clinic Address:  Singapore 360081  Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  Or without glasses.) a Vision Acuity i) Right eye ii) Left eye Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma  B Blood film for Malaria ThIV (AIDS) Note: HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry 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 / Urifit for employment in the above-stated occupation.  Name of Doctor:  Clinic Address:  Singapore 360081  Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  Dectors to Note:  Dr. Andrew W. K. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I			-				
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)				or without gla	sses.)	•	
eczema, psoriasis, etc)  6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) Note: HIV (AIDS) Test and blood film for Malaria 7 HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry 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 / Urifit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter) Clinic Address: Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  *Dr. Andrew W. K. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I  Doctors to Note:				50			100000000000000000000000000000000000000
6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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 / Urifit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter) Clinic Address:  Signapore 360081 Tel: 6842 7842 Fax: 6743 0954  Doctors to Note:  Boctors to Note:  D Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma d Blood film for Malaria THIV (AIDS) Note: HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.  Signature of Doctor: Signature of Doctor: Signature of Doctor: Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  Dr. Andrew W. K. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I		eprosy, widespread					
a Significant limb amputation or deformity b Limb movement and co-ordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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 / Urrifit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter) Clinic Address:  Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Doctors to Note:  C Any organic eye disease, e.g. Trachoma 6 Blood film for Malaria 7 HIV (AIDS) Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.  Signature of Doctor: Signature of Doctor:  Winnie Medical Pte Ltd Signature of Doctor: Dr. Andrew W. K. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I  Doctors to Note:					(for electricians &	drivers only)	
c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed) 7 Endocrine disorders, e.g. thyrotoxicosis 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: (in BLOCK Letter) Clinic Address:  Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  *Delete where inapplicable  Doctors to Note:  Tel: 7 HIV (AIDS) Note:  Signature of blocod film for Malaria must be done at laboratories approved by the Ministry of Health.  Signature of Doctor: Dr. Andrew W. K. Chee M.B., B.S. (S'pore) (1979) Family Physician MCR: 02587/I		or deformity					
d Other significant abnormalities (in relation to the Work required to be performed)  7 Endocrine disorders, e.g. thyrotoxicosis  8 Mental state    Mote: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.    Part IV Certification from the Doctor		nation	_		Malaria		+=
Work required to be performed)  7 Endocrine disorders, e.g. thyrotoxicosis  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 / Urfit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter)  Clinic Address:  Singapore 360081  Tel: 6842 7842 Fax: 6743 0954  Pate:  Telephone Number:  *Delete where inapplicable  Doctors to Note:  *Delete where inapplicable  Doctors to Note:		as (in relation to the	H	/			
7 Endocrine disorders, e.g. thyrotoxicosis		And the second s	_		Test and blood film	n for Malaria must be	
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 / Urrifit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter)  Blk 81 Macpherson Lane #01-35  Clinic Address:  Signature of Doctor: Date: Dr. Andrew W. K. Chee  M.B., B.S. (S'pore) (1979)  Family Physician MCR: 02587/I  Doctors to Note:				,			
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)  Blk 81 Macpherson Lane #01-35  Clinic Address:  Signature of Doctor: Date:  Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  *Delete where inapplicable  Doctors to Note:  2 3 FEB 2019  MCR: 02587/I	8 Mental state			of Health.	0.00	Value	-
(in BLOCK Letter)         Blk 81 Macpherson Lane #01-35         Signature of Doctor:           Clinic Address:         Singapore 360081         Date:           Tel: 6842 7842 Fax: 6743 0954         Telephone Number:           *Delete where inapplicable         Telephone Number:           *Delete where inapplicable         2 3 FEB 2019    M.B., B.S. (S'pore) (1979)  Family Physician  MCR: 02587/I	I certify that I have examined the ab- person is *Fit / Urfit for employmen	ove-named foreign worker for the tin the above-stated occupation	n.	minations / tests in	Part III and found th	nat this	
Clinic Address: Singapore 360081  Tel: 6842 7842 Fax: 6743 0954  *Delete where inapplicable  Date: Dr. Andrew W. K. Chee  M.B., B.S. (S'pore) (1979)  Family Physician  MCR: 02587/I				Signa	ture of Doctor:	Q	
Tel: 6842 7842 Fax: 6743 0954  Telephone Number:  *Delete where inapplicable  Doctors to Note:  Telephone Number:  M.B., B.S. (S'pore) (1979)  Family Physician  MCR: 02587/I			e #01-35			Dr. Andrew M	I K Ch-
*Delete where inapplicable  2 3 FEB 2019  *Decrease to Note:  2 3 FEB 2019			43 0954		9	M.B., B.S. (S'po	ore) (1979)
Doctors to Note:	seem seem some seem seems seems			_	2 EER 2010	Family Phy	sician
		form hook to the annual arms farm	playment a				- , -

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

Patient Name

: CHAW CHAW EI

Age/Sex : 27/F

Case No : W1218813

Referring Doctor

: Dr. Chong Kwok Yan

NRIC NO: MD940322

Date

: 22/02/2019

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS



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: CHAW CHAW EI

WINNIE MEDICAL CENTRE

BLK 81 MACPHERSON LANE

#01-35

SINGAPORE 36008-1 IC/PP..: MD940322

Age....: 27 Sex: F Ref. No: P184463 Request Date: 22/02/2019 Report Date: 23/02/2019

Lab Number..: 11342646

Page Number: 1

\*\* FINAL REPORT \*\*

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

This is a computer generated report. No signature is required.

#### **Work Pass Division**

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

### AYE SEIN

IC :MB735617 DOB :14-Jan-1987

Sex :Female

PID:P143259

Full Me Reg. Date :22-Feb-19 03:10PM HP :



**Vorkers** 

All parts in this form are to be completed by a Singapo completes this form. The foreign worker's Travel Docume	re registere nt must be p	d doctor. Any amendments must be endorsed by the do produced to the doctor for identification.	octor who
Part I Personal Particulars of Foreign Worker			
Name:	Passport No	Sex: *Mate / Female Height: : Citizenship: Weight:	Cm cm
Occupation:	Date of Birth	: Citizenship: Weight:	$\sqrt{9}$ kg
Part II Medical History (To be declared and signed by the	e foreign wo	orker)	
Yes No If yes, give brief de	etails	Yes No If yes, give brief det	ails
1 Mental illness		6 Tuberculosis	
I declare that all the information given above is true and correct. be released to the Ministry of Manpower, my employer, and also to	hereby give the employn	nent agent who assisted in my work permit application.	
		2 2 FEB 20	113
Signature of Foreign Worker		Date	
Part III Please tick if any of the Examinations / Tests is A	bnormal and	d give brief details separately.	
			Abaramal
Clinical Examinations	Abnormal	Other Tests  1 Chest X-ray – to be taken in Singapore (*For any	Abnormal
1 Cardiovascular System a Blood Pressure		Chest X-ray – to be taken in Singapore (*For any abnormalities and other findings including no active	
a Blood Pressure Systolic: Diastolic:		lung lesion, please state here and attach the chest	
Diastolic:		radiological report to this form.)	
b Heart Disease			
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			
symptoms suggestive of Myocardial ischaemia)		2 Urine	ᅵ吕
d Severe varicose veins		a Albumin	
2 Anaemia (if clinically anaemic, do HB:g%)		b Sugar	
3 Respiratory System		c Pregnancy	H
4 Abdomen		VDRL     Hearing – unable to hear ordinary conversation at 2m	
a Hernia		Hearing – unable to hear ordinary conversation at 2m     Vision (should be at least 6/12 in both eyes with	1
b Enlarged Liver c Enlarged Spleen		or without glasses.)	
c Enlarged Spleen d Genito-Urinary System		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		c Any organic eye disease, e.g. Trachoma	
b Limb movement and co-ordination		6 Blood film for Malaria	
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 of Health.	
8 Mental state  Part IV Certification from the Doctor		Official.	
		And the second s	
I certify that I have examined the above-named foreign worker for to person is *Fit / Unfit for employment in the above-stated occupation	the clinical ex	aminations / tests in Part III and found that this	
		1	
Name of Doctor: Winnie Medical	Pte Ltc	4	
(III becor Letter)	1E #01 00	Signature of Doctor: Dr. Andrew W. K. C	hee
Clinic Address: Blk 81 Macpher 360081		Date: M.B., B.S. (S'nore) (10	1100
Clinic Address:  Singapore 360081	742 0054		119)
Singapore 300027  Tel: 6842 7842 Fax: 6	143 0954	Telephone Number: Family Physician	
*Delete where inapplicable		2 3 FEB 2019 MCR: 02587/I	
Doctors to Note:			
Please send the completed medical form back to the employer / en	nployment ag	ent promptly, so that they can get the work pass issued.	

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

Patient Name

: AYE SEIN

Age/Sex : 32/F

Case No : W1218811

Referring Doctor : Dr. Chong Kwok Yan

NRIC NO: MB735617

Date

: 22/02/2019

Examination CHEST X-RAY - SCREENING X

CHEST

No active lung disease.

Normal cardiac and mediastinal outlines.

COMMENTS



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

WINNIE MEDICAL CENTRE BLK 81 MACPHERSON LANE

#01-35 SINGAPORE 36008-1 Patient: AYE SEIN

IC/PP..: MB735617 Age...: 32 Sex: F

Ref. No: P143259

Request Date: 22/02/2019 Report Date: 23/02/2019 Lab Number..: 11342648

Page Number : 1

\*\* FINAL REPORT \*\*

Test Name Results Units Reference Range

WK6 Profile

VDRL 梅毒检验 Negative
HIV I & II Ab 爱滋病抗体 Negative
Malaria Parasite(MP) Negative

This is a computer generated report. No signature is required.