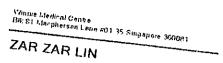
Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg





IC :MB020728 DOB :05-Aug-1980

Full Medical Ex	-	<u> </u>	
All parts in this form are to be completed t		it be endorsed by the doctor	who
completes this form. The foreign worker's Ti Reg. Date .12-Jun-18 02:20PM HP .			
raiti resocial ratuculais di rutelgii ffulkci			١
Namo:	Passnort No.	Sex: *Male / Female Height: 52	) 
Occupation:	Date of Right	Chizanchin Weight 5.2	to
Occupation.	Date of Buth.	Culzeriship vveign	va
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No if yes, give brief of 1 Mental illness	ietalis	Yes No If yes, give brief details 6 Tuberculosis	
5 Trypertension 🗀 🔁			
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.			
12 JUN 2018			
L NO		1 Z JUN ZUIG	
Signature of Foreign Worker		Date	
Part III Please tick if any of the Examinations / Tests is /	Abnormal and g	give brief details separately.	
Clinical Examinations			ormal
1 Cardiovascular System		1 Chest X-ray – to be taken in Singapore (*For any	
a Blood Pressure Systolic:		abnormalities and other findings including no active lung lesion, please state here and attach the chest	- 1
Systolic: Diastolic: Diastolic: Head Disease		radiological report to this form.)	ľ
b Heart Disease			
c ECG (compulsory for male Thai workers & others			- 1
above age 50, and in younger applicants where it is			
indicated, e.g. persons with cardic murmurs or	-		
symptoms suggestive of Myocardial ischaemia)	I	2 Urine	1
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB: g%)	<del></del>	a Albumin b Sugar	1
2 Anaemia (if clinically anaemic, do HB: g%) 3 Respiratory System	<del></del>	c Pregnancy	
4 Abdomen	<del></del>	3 VDRL	
a Hernia		4 Hearing – unable to hear ordinary conversation at 2m	$\overline{}$
b Enlarged Liver	<u> </u> 5	5 Vision (should be at least 6/12 in both eyes with	
c Enlarged Spleen		or without glasses.)	1
d Genito-Urinary System	a	a Vision Acuity	ľ
5 Skin-Chronic Disease (e.g. leprosy, widespread		i) Right eye	
eczema, psoriasis, etc)	<del>                                     </del>	ii) Left eye	
6 Locomotor/Neurological		b Colour Vision (for electricians & drivers only)	- 1
a Significant limb amputation or deformity		c Any organic eye disease, e.g. Trachoma   6 Blood film for Malaria	-
b Limb movement and co-ordination c Significant spinal deformity	1片 片	7 HIV (AIDS)	-
d Other significant abnormalities (in relation to the	1 = 1	Note:	
Work required to be performed)		HIV (AIDS) Test and blood film for Malaria must be	1
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 person is "Fit / Unfit for employment in the above-stated occupation."			O'an
Name of Doctor: (in BLOCK Letter)		Signature of Doctor:	ر. ا
Clinic Address: Winnie Medie	cal Pte_t	1d Date:	(بر ب <del>ا داد)</del> او <b>ا</b> بخو
Blk 81 Macpherson			
Singapore 360081		<del></del>	
*Delete where inapplicable Tel: 6842 7842 Fa	x: 6743 095	54 1 3 JUN 2018	

**Doctors to Note:** 

Please send the completed medical form back to the employer I employment agent promptly, so that they can get the work pass issued.