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

Winnie Medical Centre Bik 81 Morpherson Lane ≃01 05 Singapore 360081



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I declars 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	4 Diabetes Mellitus		9 Operations 🔲 🗕		
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Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately. Cilinical Examinations Cardiovascular System	I declare that all the information given above is true and correct. Thereby 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.				
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Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.		nployment ag	ent promptly, so that they can get the work pass issued.		