Work Pass Division

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

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

ZUANA MAULA

IC: B3651938 DOB: 30-Oct-1988



Full Medi Sex :Female

PID :P179050		KCIS	
All parts in this form are to be components this form. The foreign work	v-18 03:01	PM HP: nts must be endorsed by the do	octor who
Part I Personal Particulars of Foreign Worker			10
Name: F	Passport No.	Sex: *Male / Female Height:	()3 cm
		Citizenship: Weight:	
			ky
Part II Medical History (To be declared and signed by the foreign worker)			
Yes No If yes, give brief de 1 Mental illness	tails	Yes No If yes, give brief det Tuberculosis	ails
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.			
Signature of Foreigh Worker		Date 1 2 NOV 201	9
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: b Heart Disease c ECG (compulsory for male Thai workers & others		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.)	
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	
2 Anaemia (if clinically anaemic, do HB: g%)		b Sugar	
3 Respiratory System 4 Abdomen		c Pregnancy	
a Hernia		VDRL Hearing – unable to hear ordinary conversation at 2m	-
b Enlarged Liver		5 Vision (should be at least 6/12 in both eyes with	18 1
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)		ii) Left eye	
6 Locomotor/Neurological a Significant limb amputation or deformity		b Colour Vision (for electricians & drivers only)	
a Significant limb amputation or deformity b Limb movement and co-ordination		c Any organic eye disease, e.g. Trachoma 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	
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 / Unfit for employment in the above-stated occupation.			
Name of Doctor:		The state of the s	A December
(in BLOCK Letter) Winnie Medical	Pte I to	Signature of Doctor: Dr Chong X	vok yan
		Date: MBBS, 1	JFD.
Blk 81 Macpherson Lan	le # 01-33	Telephone Number: S.M.C. No:/	00337.11
*Delete where inapplicable Singapore 360081 *Delete where inapplicable Tel: 6842 7842 Fax: 67	743 0954	4.0. 11011.	
*Delete where inapplicable lel: 6842 /842 Fax: 6743 0934 13 NOV 2018 /			
Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.			