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

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



ALIGATO JACKIELOU JOYAG

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Reg. Date: 19-Jul-19 02:59PM HP:   Maie / Female   Height:   School   Meight:   Meight:   School   Meight:   Meight:   School   Meight:		Sex :Female						
Name:    Date of Birth:   Citizenship:   Weight:   Rg   Part II   Medical History (To be declared and signed by the foreign worker)    Mental liness   Yes   No.   If yes, give brief details   Citizenship:   Yes   No.   If yes, give brief details   Phase of Birth:   Yes   No.   If yes, give brief details   Yes   No.   Yes   Yes   Yes   Yes   No.   Yes   Ye	Part I Personal Particulars of Fore						0	
Mental illness	Name:	Reg. Date :19-Jul-	19 02:59PI	M HP:	'Male / F	emale	Height: 187 cm	
Mental illness	Occupation:		ate of Birth	Cit	izenship:		Weight: Kg	
1								
Signature of Foreigh Worker   Date	1 Mental illness	e is true and correct. I	hereby give i	7 Heart Disease 8 Malaria 9 Operations  my consent for a copy of	this medical	form after it is co	2018	
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.    Cilinical Examinations	1 9 JUL 2019							
Clinical Examinations	Signature of Foreign Worker		He day and	Date				
Clinical Examinations								
1 ChestX-ray—to be taken in Singapore ("For any abnormalities and other findings including to active lung lesion, please state here and attach the chest radiological report to this form.)    1 ChestX-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.)    2 Institute   2	Part III Please tick if any of the Exami	nations / Tests is Al	onormal and	d give brief details sep	arately.		100	
a Blood Pressure Systolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: 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 mumurs or symptoms suggestive of Myocardial ischaemia)  Z Anaemia (if clinically anaemic, do HB: Abdomen  A Respiratory System  A Abdomen  A Hernia  B Enlarged Liver  C Enlarged Spleen  G Genito-Uninary System  S Skin-Chronic Disease (e.g. leprosy, widespread eczema, sporiasis, etc)  Eccampsopriasis, etc)  B Limb movement and co-ordination  C Significant spinal deformity  Limb movement and co-ordination  C Significant spinal deformity  A Other significant abnormalities (in relation to the Work required to be performed)  Part IV Certification from the Doctor  Lecrify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III and found that this person is "Fit / Unifit for employment in the above-stated occupation.  Name of Doctor:  (in ELOCK Letter)  Clinic Address:  Winne Medical Pte Ltd Date:  Date			Abnormal			***		
symptoms suggestive of Myocardial ischaemia) d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB:	a Blood Pressure Systolic: Diastolic: b Heart Disease c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is			abnormalities and o lung lesion, please radiological report (	other finding state here a	s including no a	ctive	
3 Respiratory System	symptoms suggestive of Myocardial ischaemia) d Severe varicose veins							
4 Abdomen  a Hernia  b Enlarged Liver c Enlarged Spleen d Genito-Urinary System d Senito-Urinary System d System System d Senito-Urinary System d Significant spin Active Senitor d Significant spin System Senitor d Significant spin Active System Syst								
b Enlarged Liver 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 / Unfit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter)  Clinic Address:  Dr Foo Jong Hiang MCR: 08896Z  Telephone Number:  *Delete where Inapplicable*  Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Tel: 6842 7842 Fax: 6743 0954				3				
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d Genito-Urinary System			(Co. 1)				h   🗆	
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 / Unfit for employment in the above-stated occupation.  Name of Doctor: (in BLOCK Letter) Clinic Address:  *Delete where Inapplicable Singapore 360081 Tel: 6842 7842 Fax: 6743 0954  Doctors to Note:  ### Unfit for electricians & drivers only) C Colour Vision (for electricians & drivers only) C Blood film for Malaria Tel: 6810 of lim for Malaria Tel: 6810 of			Total Control					
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