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

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



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Name: Sex: "Male / Female Height: Sex Cooperation: Date of Birth: Citizenship: Weight: Skg Medical History (To be declared and signed by the foreign worker) Martial liness	All parts in this form are to be Sex :Female completes this form. The foreign PID :P174643		idments must be endorsed by the d	octor who	
Namer Sex: *Male / Female Height: mm Coccapation: Date of Birth: Citizenship: Weight: kg Weight: signs brief details	Part I Personal Particulars of Reg. Date :29-Aug-1	8 08:26AM	HP:		
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Part II Medical History (To be declared and signed by the foreign worker) 1					
1 Mental illness Sepilepsy				kg	
1 Mental liness	Part II Medical History (To be declared and signed by t	he foreign w	vorker)		
Signature of Foreign Worker Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.	1 Mental illness		6 Tuberculosis		
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.	be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.				
Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.	Signature of Foreign Worker		Date Z 9 AUG	2018	
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 subnormalities and other findings including no active lung lesion, please state here and attach the chest radiological report to this form.)	Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.				
a Blood Pressure Systolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Diastolic: Horizon 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) Severe varioses velins Abdomen Abdomen Behavior Compulsory System Abdomen Behavior Compulsory System Abdomen Behavior Compulsory System Abdomen Behavior Compulsory System Behavior Com		Abnormal			
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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 2. Anaemia (if clinically anaemic, do HB: 954)	o fleat Disease				
indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial Ischaemia) d. Severe varicose veins 2. Anaemia (if clinically anaemic, do HB: g%) 3. Respiratory System 4. Abdomen 3. VDRL 4. Hearing — unable to hear ordinary conversation at 2m 5. Vision (should be at least 6/12 in both eyes with or without glasses.) 6. Enlarged Liver 6. Enlarged Spleen 6. Genito-Urinary System 7. Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 8. Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc) 9. Significant shomamulation or deformity 10. Significant milmb amputation or deformity 11. Significant spinal deformity 12. Cany organic eye disease, e.g. Trachoma 13. Significant spinal deformity 14. Hearing — unable to hear ordinary conversation at 2m 15. Vision (should be at least 6/12 in both eyes with or without glasses.) 16. Significant spinal deformity 17. Significant spinal deformity 18. Significant abnormalities (in relation to the Work required to be performed) 19. Right eye 10. Left eye 10. Left eye 10. Cany organic eye disease, e.g. Trachoma 10. Cany organ					
d Severe varicose veins 2 Anaemia (if clinically anaemic, do HB:					
A Anaemia (if clinically anaemic, do HB: g%) b Sugar c Pregnancy c]_			
Respiratory System					
A Abdomen a Hernia 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 simulation 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 art IV Certification from the Doctor certify that I have examined the above-named foreign worker for the clinical examinations / tests in Part III end found that this erson is *Fit / Unifit 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: 3 VDRL 4 Hearing unable to hear ordinary conversation at 2m 5 Vision (for shectricians & five rewith or without glasses.) 1 Notic (in BLOCK Letter) Singapore 360081 Tel: 6842 7842 Fax: 6743 0954 Telephone Number: 2 9 AUG 2018		+=			
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Genito-Urinary System			5 Vision (should be at least 6/12 in both eyes with		
Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	C Enlarged Spleen		, , , , , , , , , , , , , , , , , , ,		
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	loctors to Note: Please, send the completed medical form back to the employer / en	niavment eas	/		