

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

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

SUMINI YOTO WIYONO

IC : C0545641 DOB : 06-Sep-1976

Sex : Female

PID : P179883



MINISTRY OF  
MANPOWER

### Full Medical I

All parts in this form are to be completed by the foreign worker's doctor. The foreign worker's doctor must be endorsed by the doctor who

Reg. Date : 27-Nov-18 10:21AM HP :

must be endorsed by the doctor who

#### Part I Personal Particulars of Foreign Worker

Name: \_\_\_\_\_ Passport No. \_\_\_\_\_ Sex: \*Male / Female Height: 150 cm  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Weight: 67 kg

#### Part II Medical History (To be declared and signed by the foreign worker)

|                     | Yes                      | No                                  | If yes, give brief details |                 | Yes                                 | No                                  | If yes, give brief details |
|---------------------|--------------------------|-------------------------------------|----------------------------|-----------------|-------------------------------------|-------------------------------------|----------------------------|
| 1 Mental illness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            | 6 Tuberculosis  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                            |
| 2 Epilepsy          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            | 7 Heart Disease | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                            |
| 3 Chronic Asthma    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            | 8 Malaria       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                            |
| 4 Diabetes Mellitus | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            | 9 Operations    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | CG 2010                    |
| 5 Hypertension      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                            |                 |                                     |                                     |                            |

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]*

27 NOV 2018

Signature of Foreign Worker

Date

#### 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<br>a Blood Pressure<br>Systolic: 138 / 90<br>Diastolic: _____<br>b Heart Disease<br>c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial Ischaemia)<br>d Severe varicose veins | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | 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.) | <input type="checkbox"/>   |
| 2 Anaemia (if clinically anaemic, do HB: _____ g%)   | <input type="checkbox"/>   | 2 Urine<br>a Albumin<br>b Sugar<br>c Pregnancy   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| 3 Respiratory System   | <input type="checkbox"/>   | 3 VDRL   | <input type="checkbox"/>   |
| 4 Abdomen<br>a Hernia<br>b Enlarged Liver<br>c Enlarged Spleen<br>d Genito-Urinary System  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | 4 Hearing - unable to hear ordinary conversation at 2m   | <input type="checkbox"/>   |
| 5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)   | <input type="checkbox"/>   | 5 Vision (should be at least 6/12 in both eyes with or without glasses.)<br>a Vision Acuity<br>i) Right eye<br>ii) Left eye  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 6 Locomotor/Neurological<br>a Significant limb amputation or deformity<br>b Limb movement and co-ordination<br>c Significant spinal deformity<br>d Other significant abnormalities (in relation to the Work required to be performed)  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | b Colour Vision (for electricians & drivers only)<br>c Any organic eye disease, e.g. Trachoma  | <input type="checkbox"/><br><input type="checkbox"/>   |
| 7 Endocrine disorders, e.g. thyrotoxicosis   | <input type="checkbox"/>   | 6 Blood film for Malaria   | <input type="checkbox"/>   |
| 8 Mental state   | <input type="checkbox"/>   | 7 HIV (AIDS)<br>Note:<br>HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.   | <input type="checkbox"/>   |

#### 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: Winnie Medical Pte Ltd  
(in BLOCK Letter) Blk 81 Macpherson Lane #01-35  
Clinic Address: Singapore 360081  
Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor:

Date:

Telephone Number:

*[Signature]*  
Dr. Chong Kwok Jan  
MBBS, D.T.D.  
S.M.C. No: 00337

\*Delete where inapplicable

#### Doctors to Note:

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

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