

Worker Details

WP No.	:	0 93745809
Name of Worker	:	MYINT OO
DOB of Worker	:	18/06/1986
Sex	:	FEMALE
Worker's FIN	:	G2741477Q
Passport No.	:	MB320158
Nationality	:	MYANMAR

Employment History

Results Found : 4

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 4 ✓	06/10/2016	07/09/2018	General Household
Employer 3 ✓	24/04/2016	06/10/2016	General Household
Employer 2 ✓	17/12/2015	24/04/2016	General Household
Employer 1	18/11/2015	17/12/2015	General Household

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.....
Name of Employer

.....
Date

.....
Sign

 

SECTION B: TO BE COMPLETED BY ASSESSOR (i.e. SMC FULLY REGISTERED DOCTOR, SNB REGISTERED NURSE OR FULLY REGISTERED PHYSIOTHERAPIST / OCCUPATIONAL THERAPIST UNDER AHPC)

FUNCTIONAL ASSESSMENT

6719310437G (I) 12.02.2019 20:23
TAY LYE HUAT (M)

ticky Label
applicable)

(if no patient's sticky label)

22.01.1956
149 BEDOK RESERVOIR ROAD
#10-1709 SINGAPORE 470149
S1205713Z

SGH

Name of Patient : _____

NRIC/BC : _____



1. Activities of Daily Living (ADLs)*

		Requires help/supervision from an assistant.	Independent – No help is required.
i	Mobility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii	Washing or Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii	Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv	Feeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v	Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi	Transferring	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Comments

Please estimate when the assistance with the ADLs first started. February / 2019 (MM/YYYY)

If the onset of the assistance with ADLs is less than 6 months ago, please indicate whether the need for assistance will be required for at least another 6 months.

☒ **Yes, required for another 6 months** ☐ **No**

Additional Comments (e.g. whether the need for assistance is of permanent nature, or unlikely to require permanent

assistance due to recovery potential): need for assistance is of permanent nature

I confirm that the assessment done for the above applicant is true and correct to my best knowledge, and with reference to the declaration made by the applicant in Section A. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Ward 66

SM JOSEPH MICHAEL NASH

Singapore General Hospital

Outram Road

Singapore 169680

Name, Registration No. & Signature
of Assessor

Stamp of Organisation / Clinic
/ Hospital

Date

Tel / Fax Nos.

19/2/19

65761578

6228365

Important Note: Assessor must sign against any amendment made and affix the official stamp of the organisation / clinic / hospital. If not, the report will be deemed to be incomplete.

*** Notes for Assessor**

- a. Washing or Bathing Needs help to wash body (excluding back) in the bath, shower or sponge/bed bath. Includes subcomponents of washing, rinsing and drying.
- b. Dressing Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- c. Feeding Needs help to feed oneself after food has been prepared and made available.
- d. Toileting Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheter under toileting.
- e. Transferring Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes sit-up from a lying position, a sit to standing position, a weight or pivot shift and a controlled descent to a sitting position in another location.
- f. Mobility Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 meters (about twice the length of a clinic). This is regardless of the use of walking aid and the speed of walking.



CERTIFICATE OF ATTENDANCE

This is to certify that

TAY SOON HENG

S8243431C

attended an e-Learning Course on

**FOREIGN DOMESTIC WORKER
EMPLOYERS' ORIENTATION PROGRAMME
(FDW-EOP)**

and completed the course on 21-February-2019



**PACE
ACADEMY**

This is a computer-generated certificate and no signature is required

Serial number: E1903725