

Work Pass Division

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

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

**WIN THANDAR TUN****Full Medical**

All parts in this form are to be completed by the foreign worker who completes this form. The foreign worker must be present when this form is completed.

IC : MB948126 DOB : 13-Jul-1993

Sex : Female

PID : P186790

Reg. Date : 21-Mar-19 02:16PM HP :

ers

s must be endorsed by the doctor who identified the foreign worker.

Part I Personal Particulars of Foreign Worker

Name: _____ Passport No. _____ Male / Female _____ Height: _____ cm
Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: _____ 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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.

W/TN

21 MAR 2019

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		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.)	
a Blood Pressure Systolic: 107/68 Diastolic: _____	<input type="checkbox"/>	2 Urine	
b Heart Disease	<input type="checkbox"/>	a Albumin	
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)	<input type="checkbox"/>	b Sugar	
d Severe varicose veins	<input type="checkbox"/>	c Pregnancy	
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	3 VDRL	
3 Respiratory System	<input type="checkbox"/>	4 Hearing – unable to hear ordinary conversation at 2m	
4 Abdomen		5 Vision (should be at least 6/12 in both eyes with or without glasses.)	
a Hernia	<input type="checkbox"/>	a Vision Acuity	
b Enlarged Liver	<input type="checkbox"/>	i) Right eye	
c Enlarged Spleen	<input type="checkbox"/>	ii) Left eye	
d Genito-Urinary System	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	
6 Locomotor/Neurological		6 Blood film for Malaria	
a Significant limb amputation or deformity	<input type="checkbox"/>	7 HIV (AIDS)	
b Limb movement and co-ordination	<input type="checkbox"/>	Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
c Significant spinal deformity	<input type="checkbox"/>		
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>		
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<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:
(in BLOCK Letter)

Winnie Medical Pte Ltd

Blk 81 Macpherson Lane #01-35

Clinic Address:

Singapore 360081

Tel: 6842 7842 Fax: 6743 0954

Signature of Doctor:

Date:

Dr. Foo Jong Hiang
MCR: 08896Z

Telephone Number:

22 MAR 2019

*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.