

Work Pass Division

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



**MINISTRY OF
MANPOWER**

Full Medical Examination Form For Foreign Workers

All parts in this form are to be completed by a Singapore registered doctor. Any amendments must be endorsed by the doctor who completes this form. The foreign worker's Travel Document must be produced to the doctor for identification.

Part I Personal Particulars of Foreign Worker

Name: SINGUMAL KAVITHAMMA Passport No. MS035158 Sex: * Male / Female ☒ Height: 163 cm
Occupation: House Wife Date of Birth: 01/06/1980 Citizenship: INDIAN Weight: 67.6 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	☐	☒		6 Tuberculosis	☐	☒	
2 Epilepsy	☐	☒		7 Heart Disease	☐	☒	
3 Chronic Asthma	☐	☒		8 Malaria	☐	☒	
4 Diabetes Mellitus	☐	☒		9 Operations	☐	☒	
5 Hypertension	☐	☒					

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.

S. Kavithamma

Signature of Foreign Worker

17/01/2018

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: <u>BP 107/61 mmHg</u>			
Diastolic:			
b Heart Disease	☐	2 Urine	☐
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)	☐	a Albumin	☐
d Severe varicose veins	☐	b Sugar	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	c Pregnancy	☐
3 Respiratory System	☐	3 VDRL	☐
4 Abdomen		4 Hearing – unable to hear ordinary conversation at 2m	☐
a Hernia	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
b Enlarged Liver	☐	a Vision Acuity	☐
c Enlarged Spleen	☐	i) Right eye	☐
d Genito-Urinary System	☐	ii) Left eye	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	b Colour Vision (for electricians & drivers only)	☐
6i Locomotor/Neurological		c Any organic eye disease, e.g. Trachoma	☐
a Significant limb amputation or deformity	☐	6 Blood film for Malaria	☐
b Limb movement and co-ordination	☐	7 HIV (AIDS)	☐
c Significant spinal deformity	☐	Note:	
d Other significant abnormalities (in relation to the Work required to be performed)	☐	HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	
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:

YOONG FAMILY CLINIC & SURGERY
Blk 333 Tampines St 32 #01-536
Singapore 520333
Tel/Fax: 67826167

Signature of Doctor

Date:

Telephone Number:

DR. YOONG IT SIANG
MBBS (Singapore)
GRAD DIP FAMILY MEDICINE
GRAD DIP OCCUPATIONAL MED
GRAD DIP FP DERMATOLOGY

* Delete where inapplicable

Doctors to Note:

Please give a copy of the completed medical form to the employer / employment agent if he / she asks for it.



Quest Laboratories Pte Ltd
(Co. Reg. No. 199500124E)
Main Lab :
67 Ubi Ave 1, Starhub Green, North Wing
#07-01 to 07, 09 & 10, Singapore 408942
Tel: 6275 5501 Fax: 6277 0220

Satellite Lab :
290 Orchard Road
#17-07/08/09 The Paragon
Singapore 238859
Tel: 6737 2788
Fax: 6887 3249



LABORATORY REPORT

7 CLINIC
PINES ST 32

SINGUMAL KAVITHAMMA
I/C M5035158
Female 37 Years
45487

Requested: 17/01/18 20:10
Reported: 17/01/18 21:10
Printed: 18/01/18
Lab No: 18-3085633

QY035 [E80] Nationality: INDIAN

Result

PARASITE
ilias TP Ab)
b

No Malarial Parasite seen.
Non-Reactive
Non-Reactive

Report. No signature is required.
and / interpreted with patient's

Dr. Tan Hong Wui
MBBS, MRCPPath, FRCPath
Pathologist, Medical Director

Dr. Ivy Chew
MBBS, FRCPath (UK), FAMS
Pathologist



MEDICAL IMAGING

Cairnhill X-Ray & Diagnostic Center
Tel: 6238-3610 Fax: 6738-5133
Ang Mo Kio X-Ray Clinic & Laboratory
Tel: 6459-9806 Fax: 6455-9462
Tampines Street 11 X-Ray Clinic
Tel: 6785-7409 Fax: 6781-2703

T1132526

SINGUMAL KAVITHAMMA

IC/FINWP: M5035158

Age/Sex: 37/7-F

DOB: 01-06-1980

To: DR YOONG IT SIANG
YOONG FAMILY CLINIC & SURGERY
BLK 333 TAMPINES ST 32, #01-536

SINGAPORE 520333

DISPATCH



17-01-2018 16:30

CHEST

No active lung disease
Normal cardiac outline

Screening chest X-ray may contain
artifacts (clothes/ ornaments). A diagnostic
CXR may be required if in doubt.

The X-ray (softcopy) is retained by us.

Dr. Deepti Das
mbbs, dmrdr (UK)
Diagnostic Radiologist

☐ Dr. K. Param
MBBS, FRCP, DMRD, FAMS
Diagnostic Radiologist

☐ Dr. D. Das
MBBS, DMRD
Diagnostic Radiologist

☐ Diagnostic Radiologist

Ang Mo Kio X-Ray Clinic & Laboratory is open on Sundays from 9am - 12noon