

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. M5035158 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)	☐
6 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 ☒ 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
19/1/18

* 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.