

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: Domestic Helper Date of Birth: 1.6.1980 Citizenship: Indian Weight: 71 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. Kavi Thamma
Signature of Foreign Worker

Date

09/9/22

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 a Blood Pressure Systolic: <u>104/63 mmHg</u> Diastolic: <u>63</u> b Heart Disease 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) d Severe varicose veins	☐ ☐ ☐ ☐	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.)	☐
2 Anaemia (if clinically anaemic, do Hb: _____ g%)	☐	2 Urine a Albumin b Sugar c Pregnancy	☐ ☐ ☐ ☐
3 Respiratory System	☐	3 VDRL	☐
4 Abdomen a Hernia b Enlarged Liver c Enlarged Spleen d Genito-Urinary System	☐ ☐ ☐ ☐	4 Hearing - unable to hear ordinary conversation at 2m	☐
5 Skin Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc.)	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.) a Vision Acuity i) Right eye ii) Left eye b Colour Vision (for electricians & drivers only) c Any organic eye disease, e.g. Trachoma	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
6 Locomotor/Neurological a Significant limb amputation or deformity b Limb movement and coordination c Significant spinal deformity d Other significant abnormalities (in relation to the Work required to be performed)	☐ ☐ ☐ ☐	6 HIV (HIV) Test 7 HIV (HIV) Test Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐ ☐ ☐
7 Endocrine disorders, e.g. Diabetes Mellitus	☐		
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: DR. YONG IT SIANG
(in Full Printed) MBBS (Singapore)
Clinic Address: GRAD DIP FAMILY MEDICINE
GRAD DIP OCCUPATIONAL MED
GRAD DIP PP DERMATOLOGY

Signature of Doctor: [Signature]

Date: 09/9/22

Telephone Number: 6782 6167

YONG FAMILY CLINIC & SURGERY

BLK 333 TAMPINES STREET 32
#01-536 SINGAPORE 520333

TEL/FAX: 6782 6167

* Delete where inapplicable

Doctors to Note:

Please give a copy of the completed medical form to the employer / employment agent / the relevant authority.



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YOONG FAMILY CLINIC
BLK 333 TAMPINES ST 32
#01-536
SIN 520333
DR YOONG IT SIANG
Lab Ref: QY035

[E99]

MAIN LAB
SATELLITE LABS

StarHub Green 67 Ubi Avenue 1, North Wing #07-01 to 07, 09 & 10, Singapore 408942
Frontech Centre 15 Jalan Kilang Barat #05-01 to 07, Singapore 159357
Frontech Centre 15 Jalan Kilang Barat #08-01/02/03/04/05, Singapore 159357
The Paragon 290 Orchard Road #17-07/08/09, Singapore 238859
Royal Square at Novena 101 Irrawaddy Road #07-02, Singapore 329565
Camden Medical Centre 1 Orchard Boulevard #09-06/07 Singapore 248649

COLLECTION CENTRE

T 6275 5501 F 6277 0220
T 6235 6950 F 6733 8563
T 6235 6950 F 6733 8563
T 6737 2788 F 6887 3249
T 6734 0778 F 6734 0773
T 6333 6640 F 6333 6642

SINGUMAL KAVITHAMMA

I/C G8594648Q
Female 42 Years
45487

Requested: 09/09/22 15:12
Reported: 09/09/22 17:11
Printed: 09/09/22
Lab No: 22-4081288

Nationality: INDIAN

Test

MALARIA PARASITE
VD (Syphilis TP Ab)
HIV Ag/Ab

Result

No Malarial Parasite seen.
Non-Reactive
Non-Reactive

Dr. Tan Hong Wui
MBBS, MRCPATH, FRCPath
PATHOLOGIST, MEDICAL DIRECTOR

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

This is a computer-generated report. No signature is required. All results should be correlated/interpreted with the patient's clinical findings.





MEDICAL IMAGING

X-RAY & DIAGNOSTIC CENTRE **SINCE 1984**

CAIRNHILL X-RAY & DIAGNOSTIC CENTER
290 Orchard Road #15-04 Paragon (Tower 1 Lobby F) Singapore 238859
Tel: 6238 3610 Fax: 6738 5133

ANG MO KIO X-RAY CLINIC AND LABORATORY
Block 422 Ang Mo Kio Ave 3 #01-2518 & 2518 Singapore 560422
Tel: 6459 9806 Fax: 6455 9462

TAMPINES STREET 11 X-RAY CLINIC
Block 138 Tampines St 11 #01-130 Singapore 521138
Tel: 6785 7409 Fax: 6781 2703

COMPANY REGISTRATION NO: 198905466M

NAME : **SINGUMAL KAVITHAMMA**

AGE/SEX : **42 / Female**

I/C No. : **G8594648Q**

EXAM DATE : **09/09/2022**

CASE ID : **MT041822015643**

REG NO : **MT2212488**

REF/REV.DR : **Yoong It Siang**

REF.CLINIC : **Yoong Family Clinic & Surgery**

CLINICAL DIAGNOSIS :

CHEST X RAY

Clinical indication : screening

No active lung lesion is seen.

There is no pleural effusion.

The heart size is within normal limits.

DR Ng Chee Hui

Consultant Radiologist - MCR# :
Transcript By : DR Ng Chee Hui
Electronically Signed By : DR Ng Chee Hui
Date : 10/09/2022