

Full Medical Examination Form For Foreign Workers

All Parts in this Form are to be completed by a Singapore registered doctor. The foreign worker's Travel Document must be produced to the Examining Doctor for Identification.

Part I Personal Particulars of Foreign Worker

Name: Palagiri Alivabee

Occupation: Domestic maid

Passport No. M3893365

Date of Birth: 11/1/1976

Sex: Male / Female

Citizenship: India

Height: 148 cm

Weight: 54.5 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 report after it is completed by the examining doctor to be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.

Signature of Foreign Worker: P. es e9 c2 u 25

Date: 21/1/2016

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	☐
A Blood Pressure	☐	2 Urine	
Systolic: <u>112</u>		a Albumin	☐
Diastolic: <u>74</u>		b Sugar	☐
B Heart Disease	☐	c Pregnancy	☐
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)	☐	3 VDRL	☐
D Severe varicose veins	☐	4 Hearing-unable to hear ordinary conversation at 2m	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐	5 Vision (should be at least 6/12 in both eyes with or without glasses.)	
3 Respiratory System	☐	a Vision Acuity	☐
4 Abdomen		i) Right eye	☐
a Hernia	☐	ii) Left eye	☐
b Enlarged Liver	☐	b Colour Vision (for electricians & drivers only)	☐
c Enlarged Spleen	☐	c Any organic eye disease, e.g. Trachoma	☐
d Genito-Urinary System	☐	6 Blood film for Malaria	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐	7 HIV (AIDS)	
6 Locomotor/Neurological		Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐
a Significant limb amputation or deformity	☐		
b Limb movement and co-ordination	☐		
c Significant spinal deformity	☐		
d Other significant abnormalities (in relation to the Work required to be performed)	☐		
7 Endocrine disorders, e.g. thyrotoxicosis	☐		
8 Mental state	☐		

Part IV Please tick in the box provided

☒ Clinical examinations/tests (*including/excluding ECG) required above are normal except those test results indicated "Abnormal" (if any) in Part III.

Part V Certification from the Doctor (Any amendments must be endorsed by the Doctor who completes this Report)

I certify that I have examined the above-named foreign worker and found that this person is Fit / Unfit for employment in the above-stated occupation.

Name of Doctor: DR YOUNG IT SIANG
(in BLOCK Letter) MBBS (Singapore)
GRAD DIP FAMILY MEDICINE
GRAD DIP OCCUPATIONAL MED
GRAD DIP PP DERMATOLOGY

Clinic Address: YOUNG FAMILY CLINIC & SURGERY

Signature of Doctor: [Signature]

Date: 21/1/16

Telephone Number: _____

*Delete where inapplicable

Bk 333 Tampines St 32 #01-538
Singapore 520333
Tel/Fax: 67826167

Doctors to Note:

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