

MEDICAL EXAMINATION REPORT

For New Applicants:

1. The Medical Examination may be done in Singapore by any registered General Practitioner (GP). Applicants who are in their home countries/places of residence may have their Medical Examination and HIV test done in their home countries/places of residence at any medical clinic licensed to carry out such tests. If HIV testing is done in Singapore, it may be carried out with either rapid or ELISA tests.

For Renewal Applicants:

1. The Medical Examination MUST be done in Singapore by any registered GP. HIV testing may be done with either rapid or ELISA tests.

Notes for All:

1. This Medical Examination Report is to be completed by a registered doctor and returned to the examinee. The original copy of the laboratory report for HIV and the X-ray report must be attached to this Medical Examination Report only if the medical examination and testing is carried out overseas.
2. The laboratory report for HIV and the X-ray report submitted to the Immigration & Checkpoints Authority should be within THREE MONTHS from the date of the issue of the reports.

I Personal Particulars

1. Name (as in the passport): _____
2. Sex: M / F 3. Date of Birth : _____ 4. Nationality : _____
5. Passport No. : _____ 6. FIN No. (if applicable) : _____
7. Address in Singapore: _____

II Medical Examination

I certify that the above-named has undergone a chest x-ray and the result of his/her chest X-ray is as indicated (with a [√]):-

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. TB (Chest X-ray)*
Any evidence of
active TB detected? | ☐ | ☐ |
- [*Pregnant Women are exempted from Chest X-Ray]

I certify that I have tested the above-named and the result of his/her HIV test is indicated below (with a tick [√]).

- | | Positive | Negative/Non-Reactive |
|----------|--------------------------|--------------------------|
| 2. HIV : | ☐ | ☐ |

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature : _____ Clinic's Stamp & Address: _____

Date: _____ Telephone Number : _____

MCR no: _____

NOTE: For persons screened overseas, the name in the laboratory report for HIV and the X-ray report must be according to the name shown in the Passport.

DECLARATION

I, _____ declare that the above is not applicable to me as
(name)

I have submitted a medical report** containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower*** (not more than two years ago) when I was granted the _____

on _____ valid till _____
(dd/mm/yy) (dd/mm/yy)

Signature & Date

** Those who were previously exempted from submitting the X-ray report because of pregnancy are required to submit a X-ray report certified by a Singapore registered GP, if you are not pregnant now.
*** Delete where necessary.

WARNING:

**IT IS AN OFFENCE UNDER THE IMMIGRATION ACT
TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION**