Work Pass Division 18 Havelock Road Singapore 059764 www.mom.gov.sg



Full Medical Examination Form For Foreign Workers

All parts in this form are to be completed b his form. The foreign worker's Travel Docu						endors	ed by the doctor w	ho comple
Part I Personal Particulars of Foreign Wo								
Name:	Travel Docι	Travel Document No			Sex: *Male / Female Height:			
Occupation:	te of Birth:	of Birth: Nationality/Citize				nship:k		
Part II Medical History (To be declared an	d signed by t	he foreign work	ker)					
	If yes, give b	rief details			Yes	No	If yes, give brief	details
1 Mental illness			6					
2 Epilepsy \square \square 3 Chronic Asthma \square \square			7 8					
4 Diabetes Mellitus \Box			9					
5 Hypertension □ □			Ū	0 p 0 . a 0				
declare that all the information given above is o be released to the Ministry of Manpower, m			-					d by the do
ignature of Foreign Worker			Date					
tort III Places tick if any of the Evenings	iono / Tooto ir	Abnormal and	l aivo	brief details cons	rotoly			
art III Please tick if any of the Examinati Clinical Examinations	ions / rests is	Abnormal	_	er Tests	atery.			Abnorma
1 Cardiovascular System		Abiloilliai	1	Chest X-ray – to b	oe taken	in Singa	pore (*For anv	
a Blood Pressure	,			abnormalities and other findings including no active				
Systolic:		lung lesion, please state here and attach the chest						
Diastolic:			radiological report to this form.)					
Heart Disease								
 ECG (compulsory for male Thai workers above age 50, and in younger applicants 								
indicated, e.g. persons with cardic murm								
symptoms suggestive of Myocardial isch		2	Urine					
Severe varicose veins		а	b Sugar					
Anaemia (if clinically anaemic, do HB: _		b						
Respiratory System			С	Pregnancy				
Abdomen			3	VDRL				
ı Hernia D Enlarged Liver		 4 Hearing – unable to hear ordinary 5 Vision (should be at least 6/12 in least 6/12) 						
o Enlarged Liver : Enlarged Spleen		5 Vision (should be at least 6/12 in both eyes with or without glasses.)						
Genito-Urinary System		a Vision Acuity						
Skin-Chronic Disease (e.g. leprosy, wide			i) Right eye					
eczema, psoriasis, etc)		ii) Left eye						
S Locomotor/Neurological		b						
Significant limb amputation or deformity		С	7 9 7 9					
Limb movement and co-ordination		6 Blood film for Malaria						
Significant spinal deformityOther significant abnormalities (in relation		7 HIV (AIDS) Note:						
required to be performed)		HIV (AIDS) Test and blood film for Malaria must						
Endocrine disorders, e.g. thyrotoxicosis		be done at laboratories approved by the Ministry						
Mental state		of Health.						
urt IV Vaccination given (please provide	details, if any	()						
Type of vaccine	nd of vaccine	of vaccine			Dose (1st / 2nd / 3rd)			
art V Certification from the Doctor								
certify that I have examined the above-name r employment in the above-stated occupation	•	er for the clinical	l exar	ninations / tests in F	Part III an	d found	that this person is *F	it / Unfit
Name of Doctor: (in BLOCK Letter)				Signature	e of Doct	or.		
Olivia A dalas as a					or Dock	υι. 		
Clinic Address:		Date:						
				Telephon	e Numbe	er:		
elete where inapplicable								
octors to Note: lease send the completed medical form back	c to the employ	/er / employmen	t ager	nt promptly, so that t	they can	get the v	work pass issued.	