

Work Pass Division

18 Havelock Road
Singapore 059764
www.mom.gov.sg

92708137



MINISTRY OF
MANPOWER

Full Medical Examination

Mediway X-Ray Centre 25-Jul-2022 08:28 AM

NEHA PRADHAN

U2494528

Female / 10/11/1998 / 23 year(s) old

Indian

DOMESTIC HELPER

Walk In

WK6

orsed by the doctor who

Height: 141 cm

Weight: 33 kg

All parts in this form are to be completed by a Singaporean doctor who completes this form. The foreign worker's Travel Document

Part I Personal Particulars of Foreign Worker

Name: _____

Occupation: _____

Part II Medical History (To be declared and signed by)

	Yes	No	If yes, give brief details		Yes	No	If yes, give brief details
1 Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6 Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		7 Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Chronic Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>		8 Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>		9 Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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.

Signature of Foreign Worker

25 JUL 2022

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

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:

(in BLOCK Letter)

MEDIWAY MEDICAL CENTRE

Signature of Doctor:

Clinic Address:

1 SOPHIA ROAD, #04-21

Date:

SINGAPORE 228149

Telephone Number:

TEL : 6909 0190 FAX : 6909 0189

*Delete where inapplicable

Doctors to Note:

Please send the completed medical form back to the employer / employment agent promptly, so that they can get the work pass issued.

WPCM 015

The information is updated on 27 Mar 2018

Name : NEHA PRADHAN

NRIC/FIN : U2494528

Sex : F

Date : 25/07/2022

Accession NO : MW800132936

Age : 23

XT001 - Chest X-Ray PA

CHEST

No active lung lesion is seen.
The heart size is normal.

25/07/2022

Dr Mark Tan Ming Loong

Consultant Radiologist

This report is electronically signed. No signature is required.

Please seek medical advice if result is abnormal.

Client ID: 23287
 TEO KOK PONG, DR
 MEDIWAY MEDICAL CENTRE
 NO 1 SOPHIA ROAD
 PEACE CENTRE #04-21
 SINGAPORE
 22814-9

Patient: NEHA PRADHAN

IC/PP.: U2494528
 Age....: 23 Sex: F
 Ref. No:

Request Date: 25/07/2022
 Report Date : 25/07/2022
 Lab Number..: 12386547
 Page Number : 1

**** FINAL REPORT ****

Test Name	Results	Units	Reference Range
WK6 Profile			
Syphilis Antibody Test		
HIV I & II Ab	Negative		
Malaria Parasite (MP)	Negative		
	爱滋病抗体		

End of Report