



For New Applicants:

For Renewal Applicants:

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.

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? | <input type="checkbox"/> | <input type="checkbox"/> |

[*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 : | <input type="checkbox"/> | <input type="checkbox"/> |

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) (pass type)

Signature & Date