

For New Applicants:		
Instruction goes	Here	
For Renewal Applicants	<u> </u>	
Instruction goes	Here	
original copy of the lal Report only if the medic 2. The laboratory report	nation Report is to be completed by a registered doctor and returned to the examinee. The coratory report for HIV and the X-ray report must be attached to this Medical Examination all examination and testing is carried out overseas. for HIV and the X-ray report submitted to the Immigration & Checkpoints Authority should be from the date of the issue of the reports.	
Personal Particular	<u>'S</u>	
1. Name (as in the	passport): Shashikant Vaishnav	
2. Sex: M / F	3. Date of Birth: 22 SEP 1991 4. Nationality: INDIAN	
5. Passport No.:	AJ153245689 6. FIN No. (if applicable):	
7. Address in Singa		
II <u>Medical Examina</u>	<u>tion</u>	
I certify that the above-r	named has undergone a chest x-ray and the result of his/her chest X-ray is as indicated (with a $[]$):-	
1. TB (Chest X-ray)* Any evidence of active TB detected? [*Pregnant Women are ex	Yes No empted from Chest X-Ray]	
I certify that I have tested	If the above-named and the result of his/her HIV test is indicated below (with a tick $[\sqrt{\ }]$).	
2. HIV:	Positive Negative/Non-Reactive	
Name of Examining Doc	tor (IN BLOCK LETTERS):	
Signature :	Clinic's Stamp & Address:	
Date:	Telephone Number :	
MCR no:		
NOTE: For persons screen	ened overseas, the name in the laboratory report for HIV and the X-ray report must be according to the	

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DECLARATION

١,	Rajat vaishnav		declare that the above is not applicable to me as
	(na	me)	
I have subr	nitted a medical report** o	containing the above infor	mation to Immigration & Checkpoints Authority / Ministry
of Manpow	er*** (not more than two	years ago) when I was g	granted the
			(pass type)
on	v	alid till	
	(dd/mm/yy)	(dd/mm	/yy)
			15 APRIL 2013
			Signature & Date

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