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

Ministry of Manpower

Full Medical Examination Form For Foreign Workers

All parts in this form are to be completed by a Singapore-registered doctor. Any amendments must be endorsed by the doctor who completes this form. The foreign worker's Travel Document must be produced to the doctor for identification.

Part I Personal Particulars of Foreign Worker

Name: SINT SINT AUNG Travel Document No. MK914114 Sex: ~~*Male~~ / Female Height: 153.0 cm

Occupation: FOREIGN DOMESTIC WORKER (FDW) Date of Birth: 26/10/1993 Nationality/Citizenship: MMR Weight: 57.0 kg

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

		Yes	No	If yes, give brief details			Yes	No	If yes, give brief details
1	Mental illness	☐	☒		6	Tuberculosis	☐	☒	
2	Epilepsy	☐	☒		7	Heart Disease	☐	☒	
3	Chronic Asthma	☐	☒		8	Malaria	☐	☒	
4	Diabetes Mellitus	☐	☒		9	Operations	☐	☒	
5	Hypertension	☐	☒						

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 Date 22/07/2026

Part III Please tick if any of the Examinations / Tests is Abnormal and give brief details separately.

Clinical Examinations	Abnormal
1 Cardiovascular System	
a Blood Pressure Systolic: 114 Diastolic: 75	☐
b Heart Disease	☐
c ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardic murmurs or symptoms suggestive of Myocardial ischaemia)	☐
d Severe varicose veins	☐
2 Anaemia (if clinically anaemic, do HB: _____ g%)	☐
3 Respiratory System	☐
4 Abdomen	
a Hernia	☐
b Enlarged Liver	☐
c Enlarged Spleen	☐
d Genito-Urinary System	☐
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	☐
6 Locomotor/Neurological	
a Significant limb amputation or deformity	☐
b Limb movement and co-ordination	☐
c Significant spinal deformity	☐
d Other significant abnormalities (in relation to the Work required to be performed)	☐
7 Endocrine disorders, e.g. thyrotoxicosis	☐
8 Mental state	☐

Other Tests	Abnormal
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.) **I declare that I am not pregnant** **LMP: 02/07/2026**	☐
2 Urine	☐
a Albumin **NEG**	☐
b Sugar **NEG**	☐
c Pregnancy **NEG**	☐
3 VDRL **Non-reactive**	☐
4 Hearing – unable to hear ordinary conversation at 2m	☐
5 Vision (should be at least 6/12 in both eyes with or without glasses.)	☐
a Vision Acuity	
i) Right eye **6/6**	☐
ii) Left eye **6/6**	☐
b Colour Vision (for electricians & drivers only)	☐
c Any organic eye disease, e.g. Trachoma	☐
6 Blood film for Malaria	☐
7 HIV (AIDS) **Non-reactive** **Note:** HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	☐

Part IV Vaccination given (please provide details, if any)

Type of vaccine	Brand of vaccine	Dose (1st / 2nd / 3rd)

Part V 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) DR NICHOLAS GERARD HO MCR: M64632F

Signature of Doctor:

Clinic Address: Union Medical Clinic & Surgery (Toa Payoh)
Block 148 Lorong 1 Toa Payoh #01-917, Singapore 310148

Date: 22/07/2026

Telephone Number: 69633148

*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.

Eurofins Clinical Diagnostics Pte Ltd
(Company Registration No. 201920897Z)
1 International Business Park, #03-17
The Synergy, Singapore 609917
Tel: +65 67978898 Fax: +65 67978897

LABORATORY REPORT

SINT SINT AUNG [Female / 32 years]

UNION MEDICAL CLINIC & SURGERY (TOA PAYOH)

BLK 148 LORONG 1
TOA PAYOH #01-917
SINGAPORE 310148

DR HO WEI MING, NICHOLAS GERARD

Area : TPY UNIO03

NRIC/FIN/PP	: MK914114
MRN/Ref No	: MRN0009557
Lab ID	: **26AV2385**
Date Received	: 22-Jul-2026 11:02
Report #	: 2568330
Date Reported	: 22-Jul-2026 12:05

Test Ordered : WOP5

TEST		RESULT	REF. RANGE
WORK PERMIT SCREEN			
Malarial parasites	疟原虫	Negative	(Negative)
HIV Ag/Ab	爱滋病抗原/抗体	Non-reactive	(Non-reactive)
VD (Syphilis TP Ab)	梅毒检验	Non-reactive	(Non-reactive)

Print Date : 22-Jul-2026 12:08

Final

Dr. Jennifer Teo
MBBS, FRCPA, FAMS
Medical Director

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

UNION
MEDICAL CLINIC & SURGERY

Name	: SINT SINT AUNG	Date	: 22 Jul 2026
NRIC/FIN	: MK914114	Referring Doctor	: Dr Nicholas Ho
SEX / AGE	: F / 32	Accession No.	: UMA26009072DYC

RADIOLOGICAL REPORT (F)

CHEST X-RAY

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

22 Jul 2026 10:02

Dr Swee Ah Siak (M01534B)

Consultant Radiologist

MBBS, DMRD(UK)