Full Medical Examination Form For Foreign Workers

All Parts in this Form are to be completed by a Singapore registered doctor. The foreign worker's Travel Document must be produced to the Examining Doctor for identification.

Part I Personal Particulars of Foreign Worker

Name: ____________________________________ Passport No.______________ Sex: *Male / Female Height: __________ cm

Occupation: _______________________________ Date of Birth: _____________ Citizenship: ____________ Weight: __________ 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 report after it is completed by the examining 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

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

Part IV Please tick in the box provided

☐ Clinical examinations/tests (*including/excluding ECG) required above are normal except those test results indicated "Abnormal" (if any) in Part III.

Part V Certification from the Doctor (Any amendments must be endorsed by the Doctor who completes this Report)

I certify that I have examined the above-named foreign worker and found that this person is ***Fit / Unfit** for employment in the above-stated occupation.

Name of Doctor:
(in BLOCK Letter) ______________________________ Signature of Doctor: ____________________

Clinic Address: ______________________________ Date: ____________________

______________________________ Telephone Number: ____________________

*Delete where inapplicable

Doctors to Note:
Please give a copy of the completed medical form to the employer/ employment agent if he/she asks for it.

The information is updated on 11 Mar 2011