

Work Pass Division

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



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: _____ 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
1 Mental illness	☐	☐	
2 Epilepsy	☐	☐	
3 Chronic Asthma	☐	☐	
4 Diabetes Mellitus	☐	☐	
5 Hypertension	☐	☐	

	Yes	No	If yes, give brief details
6 Tuberculosis	☐	☐	
7 Heart Disease	☐	☐	
8 Malaria	☐	☐	
9 Operations	☐	☐	

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 _____

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

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: _____ Signature of Doctor: _____
(in BLOCK Letter)
Clinic Address: _____ Date: _____
_____ Telephone Number: _____

*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.