



# MEDICAL REPORT FORM



Post Applied For

(This form is to be completed by a Singapore Registered Medical Practitioner)

Authorised Examiner (PV)

Notes to Examining Doctor

Authorised Examiner (LE)

1. As an **Authorised Examiner (LE)** , the applicant may be required to climb heights or exert physically to inspect certain the lifting equipment e.g. he may have to climb as high as 30 metres above the top of the building under construction to inspect the tower crane.
2. As an **Authorised Examiner (PV)** , it would be necessary for the applicant to enter tight confined spaces through body-fitting manholes, where the environment inside the vessel could be hot and stuffy.
3. Vision must be at least 6/12 in both eyes with or without glasses.
4. In addition to the above, the examining doctor is advised to find out from the person being examined, on the nature and details of his work in relation to the post applied for, in order to certify him physically and medically fit to carry out such work.

Name : \_\_\_\_\_ NRIC No. \_\_\_\_\_

Age : \_\_\_\_\_ Sex : \_\_\_\_\_ Race : \_\_\_\_\_

<u>Past History</u>	Yes	No		Yes	No
1. Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	4. Diabetes/Mellites	<input type="checkbox"/>	<input type="checkbox"/>
2. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	5. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Asthma	<input type="checkbox"/>	<input type="checkbox"/>			

I certify that I have examined the above named person and found that he is \* **fit / unfit** for the above post(s) applied for.

\_\_\_\_\_  
Name & Signature of Examining Doctor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Address of Clinic/Hospital

\* **Please indicate result**