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: _____ Travel Document No._____ Sex: *Male / Female Height: _____ cm

Occupation: _____ Date of Birth: _____ Nationality/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 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
1 Cardiovascular System	
a Blood Pressure Systolic: Diastolic:	☐
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.)	☐
2 Urine	☐
a Albumin	☐
b Sugar	☐
c Pregnancy	☐
3 VDRL	☐
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	☐
ii) Left eye	☐
b Colour Vision (for electricians & drivers only)	☐
c Any organic eye disease, e.g. Trachoma	☐
6 Blood film for Malaria	☐
7 HIV (AIDS) **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) _____ Signature of Doctor: _____

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.

The information is updated on 7 Jul 2025