



Use this form to undertake that you are aware of your worker's medical condition

UNDERTAKING BY EMPLOYER

I am aware that _____ (worker's name),
_____(FIN) / _____ (date of application), who is employed as a
_____(worker's occupation) has
_____(medical condition or abnormal finding(s) indicated in
the full medical examination form) and I declare that I still wish to employ this worker.

In addition, if my worker is required to have a Primary Care Plan (PCP), I will:

- Send the worker for follow-up consultation at the MOM Medical Centre that is managed by the relevant Anchor Operator.
- Ensure compliance to better manage the worker's medical condition.

Name of employer / authorised representative:

NRIC no. / FIN:

Organisation's name:

Designation:

Signature:

Date (dd/mm/yyyy)

▲ IMPORTANT

- Workers found to have "abnormal" colour vision do not need treatment but cannot work in jobs that involve electrical works and driving.
- Workers with PCP must bring along the doctor's referral memo when they visit the MOM Medical Centre run by the Anchor Operators listed on www.mom.gov.sg/primary-care-plan/getting-primary-care-services. Please visit www.mom.gov.sg/primary-healthcare-system for more details on the PCP.