



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

UNDERTAKING BY EMPLOYER

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

Name of employer: NRIC no. / FIN:	Signature: Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
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⚠ IMPORTANT

If the medical condition stated above is colour blindness, the organisation will not be allowed to engage the pass holder in job activities that involve electrical works and driving (all class types).