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Controller of Immigration
Immigration & Checkpoints Authority
ICA Building
10 Kallang Road #08-00
Singapore 208718

APPLICATION FOR EXTENSION OF STAY ON MEDICAL GROUNDS

Name: _____ **Passport No:** _____

The above-named is under my care and I would like to support his/her application for extension of stay in Singapore for a further period of _____ days.

1) Detailed Description of Medical Condition:

2) Treatment Plan and Frequency of Treatment:

3) Next Appt. Date: _____

4) Fit to Travel? Yes No

If 'No', pls specify reason: _____

| | |
|--------------------------------------|---------------------------|
| Name of Doctor: | Signature: |
| Name & address of Clinic: | Date: |
| | Tel No. of Clinic: |

Declaration of Patient/Applicant:

I, _____ give my consent for the disclosure of any confidential medical information including diagnosis to the Immigration & Checkpoints Authority.

Date: _____

Signature/ Thumbprint