

APPLICATION FOR EXTENSION OF STAY ON MEDICAL GROUNDS

SECTION A: (To be completed by the doctor)

Name: _____ **Passport No:** _____

The above-named in 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: _____

5) Is it life threatening for patient to travel? Yes No

If 'Yes', pls specify reason: _____

Name of Doctor: _____

Signature: _____ **Hospital/Clinic's Stamp & Address:** _____

Date: _____ **Telephone Number:** _____

MCR No: _____

SECTION B: (To be completed by the patient)

DECLARATION

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

Signature/Thumbprint

Date

WARNING:

**IT IS AN OFFENCE UNDER THE IMMIGRATION ACT
TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION**