MEDICAL EXAMINATION REPORT

- 1. The Medical Examination may be done by any registered doctor at a medical clinic licensed to carry out such tests.
- 2. Renewal applicants must have the examination done in Singapore. Other applicants may have the examination done in the home country/place of residence.
- 3. This Medical Examination Report will only be accepted if submitted within 3 months of its issuance.
- 4. HIV testing done in Singapore may be carried out with either rapid or ELISA tests.

Ι	<u>Per</u>	rsonal P	<u>articul</u>	<u>ars</u>												
	1.	Name (a	as in the	passport):												
	2.	Sex: <u>M / F</u> 3. Date of Birth:					4. Nationality/Citizenship:									
	5.	Passpor	t No.: _				6. FIN No. (<i>ij</i>	applicable):								
	7.	7. Address in Singapore:										<u> </u>				
TT	M	adical F	vomin	ation (Encur	a that all	fiolds are du	ly completed	No additional	rama	rke e	oro o	llowed	on th	ic ro	nort	
11							ly completed. l be rejected.		Cilla	INS	ar C a	noweu	JII tII	115 1 C	por t.	
		-			-) his/her chest X-ra	av ic ac	e indi	cated	(with a l	. 11)			
	10	erury ura	t tile abt	ove-named has	undergone	and the result of		1y 15 as								
		1.	Any e	Chest X-ray) vidence of TB detected?		Yes		No		I	exem	pted due	to pre	egnan	cy	
	I co	ertify that	I have	tested the above	e-named a	nd the result of	his/her HIV tes	st is indicated belo	w (wit	th a [~]).					
		2.	HIV:			Positiv	e	Negativ	e/ Nor	n-Rea	active					
	Na	Name of Examining Doctor (IN BLOCK LETTERS):														
	Sig	gnature: _				Clin	nic's Stamp & A	Address:								
	Da	ite:				Tel	ephone Number	::								
	Mo	CR no:														
_						DE	CLARATIO	N								
	I,							_ declare that the	above	is no	t appl	licable to	me a	s I ha	ive	
		(name) submitted a medical report* containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower** (not more than two years ago) when I was granted the														
	(ne	ot more t	nan two	years ago) wr	nen i was g	granted the			s type							
	on			valid vy)	till	(11/ /)	·									
		(d	ld/mm/y	y)		(dd/mm/yy)										
										Sign	ature	& Date				
ij	you	licants pre are not cu lete where	ırrently _l	oregnant.	ıbmitting th	e X-ray report d	ue to pregnancy o	are required to subn	nit one	certif	ied by	a Singap	ore re	gister	ed GP,	
					IT 1	IS AN OFFEN	CE UNDER T	HE IMMIGRAT	ION A	ACT						

TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION

Version 6 (December 2023)

WARNING: