## **MEDICAL EXAMINATION REPORT**

in their home countries/	places of residence n ence at any medical cli	gapore by any registered Gen nay have their Medical Exam inic licensed to carry out such tests.	ination and H	IIV test done in their home
For Renewal Applicants: 1. The Medical Examination or ELISA tests.	on MUST be done in Si	ngapore by any registered GP.	. HIV testing m	nay be done with either rapid
copy of the laboratory rep the medical examination a	port for HIV and the X and testing is carried o or HIV and the X-ray r	eport submitted to the Immig	to this Medica	I Examination Report only if
I Personal Particulars				
	• •			
2. Sex: <u>M / F</u> 3. Da	ate of Birth: 4. Nationality/Citizenship:			
3. Passport No.:		6. FIN (if applicable):		
7. Address in Singapore	9:			
II Medical Examination	<u>l</u>			
I certify that the above-nam	ned has undergone a ch	est x-ray and the result of his/he	er chest X-ray is	s as indicated (with a [ $$ ]):-
	Yes	No		
1. TB (Chest X-ray)*				
Any evidence of				
active TB detected? [*Pregnant Women are exer	mpted from Chest X-Ray]			
I certify that I have tested the	he above-named and th	e result of his/her HIV test is ind	licated below (v	with a tick $[]$ :-
o 1497	Positive	Negative/ Non-Reactive		
2. HIV :				
Norse of Exemining Dee				
Name of Examining Doc	tor (IN BLOCK LETTER	(5):		
Signature :		Clinic's Stamp & Address:_		
Date:		Telephone Number :		
MCR no:				
NOTE: For persons screen shown in the Passport.	ed overseas, the name in	n the laboratory report for HIV and	I the X-ray repor	t must be according to the name
· · · · ·		DECLARATION		
I.			at the above is	not applicable to me as
	name)			
		e above information to Immigration in the second seco	on & Checkpoir	nts Authority / Ministry of
	nan two years ago) wh	en i was granieu ine	(pass type)	
on( <i>dd/mm/yy</i> )	valid till	 (dd/mm/yy)		
(dd/ninkyy)				
** Those who were previously ex	xempted from submitting the	• X-ray report because of pregnancy ar	e required to subr	Signature & Date nit a X-ray report certified by a
Singapore registered GP, if you *** Delete where necessary.			-	·
WARNING:		S AN OFFENCE UNDER THI	E IMMIGRAT	ION ACT

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

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