

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.

I Personal Particulars

1. Name (as in the passport): _____
2. Sex: M/F 3. Date of Birth: _____ 4. Nationality/Citizenship: _____
5. Passport No.: _____ 6. FIN No. (if applicable):

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7. Address in Singapore: _____

II Medical Examination (Ensure that all fields are duly completed. No additional remarks are allowed on this report. Reports which do not meet ICA's requirements will be rejected.)

I certify that the above-named has undergone a chest x-ray and the result of his/her chest X-ray is as indicated (with a [✓]).

- | | | | |
|---|--------------------------|--------------------------|---------------------------|
| | Yes | No | Exempted due to pregnancy |
| 1. TB (Chest X-ray)
Any evidence of
active TB detected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that I have tested the above-named and the result of his/her HIV test is indicated below (with a [✓]).

- | | | |
|---------|--------------------------|--------------------------|
| | Positive | Negative/ Non-Reactive |
| 2. HIV: | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature: _____ Clinic's Stamp & Address: _____

Date: _____ Telephone Number: _____

MCR no: _____

DECLARATION

I, _____ declare that the above is not applicable to me as I have
(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 _____
(pass type)
on _____ valid till _____.
(dd/mm/yy) (dd/mm/yy)

Signature & Date

** Applicants previously exempted from submitting the X-ray report due to pregnancy are required to submit one certified by a Singapore registered GP, if you are not currently pregnant.
** Delete where necessary.*

WARNING:

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