

## 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)<br>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**