

MEDICAL REPORT

For New Applicants:
1. The Clinical Examination may be done in Singapore by any registered General Practitioner (GP) and the HIV test performed by the GP MUST be sent to any of the HIV clinical laboratories approved by MOH. GPs in Singapore may refer to MOH's website at <http://www.moh.gov.sg/ocpr/cliniclabs/hiv.do> for the list of approved HIV clinical laboratories. Applicants who are in their home countries/places of residence may have their Clinical Examination and HIV test done in their home countries/places of residence at any medical clinic licensed to carry out such tests.

For Renewal Applicants:
1. The Clinical Examination MUST be done in Singapore by any registered GP and the HIV test performed by the GP MUST be sent to any of the HIV clinical laboratories approved by MOH. GPs in Singapore may refer to MOH's website at <http://www.moh.gov.sg/ocpr/cliniclabs/hiv.do> for the list of approved HIV clinical laboratories.

Notes for All:
1. This Medical Report is to be completed by a registered doctor and returned to the examinee. The original copy of the laboratory report for HIV and the X-ray report must be attached to this Medical Report.
2. The laboratory report for HIV and the X-ray report submitted to the Immigration & Checkpoints Authority should be within three months from the date of issue.

I Personal Particulars

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

II Clinical Examination

I certify that I have examined the above-named for the following tests and the result of his/her chest X-ray is as indicated (with a [✓]):-

- | | | | |
|--------------------------|-----------------------|--|-----------------|
| 1. Cardiovascular System | 2. Respiratory System | 3. Abdomen | 4. Neurological |
| | | <i>Remarks for any of the above tests (If any)</i> | |

5. TB (Chest X-ray)*
Any evidence of active TB detected? Yes No

[*Pregnant Women are exempted from Chest X-Ray]
Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature: _____ Clinic's Stamp & Address: _____
Date: _____ Telephone Number: _____

III Other Test

HIV (AIDS): Positive/Reactive Negative/Non-Reactive

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

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature: _____ Clinic's Stamp & Address: _____
Date: _____ Telephone Number: _____

NOTE: The name in the laboratory report for HIV and the X-ray report must be according to the name shown in the Passport.

DECLARATION

I, _____ (name) declare that the above is not applicable to me as
I have 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 _____ (dd/mm/yy) valid till _____ (dd/mm/yy) _____ (Signature & Date)

** Those who were previously exempted from submitting the X-ray report because of pregnancy are required to submit a X-ray report certified by a Singapore registered GP, if you are not pregnant now.
*** Delete where necessary.

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