

HEALTH DECLARATION FORM

1. This form is to be completed by each pass holder whose name is indicated with a (D) in the In-Principle Approval Letter.
2. The original copy of the completed form must be submitted to the Employment Pass Department, Ministry of Manpower, Singapore at the time of collection of the pass.

To: Controller of Immigration
Singapore

I _____

FIN _____ declare that I have not suffered or am not suffering from AIDS or infected with HIV or Tuberculosis.

I know that if I am found to be suffering from AIDS or infected with HIV or Tuberculosis, the pass issued to me will be cancelled and I will have to leave Singapore by the date the Controller of Immigration requires me to leave Singapore.

Dated _____ of _____ 20 _____

(Name of Pass Holder)

(Signature of Pass Holder)

(Passport/Identity Card No)

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