

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 学生个人信息-这个部分的内容需要由学生个人填写完成

1. Name (as in the passport): 请在此处填写护照上显示的姓名, 例: ZHANG SANSAN
2. Sex: M / F 性别: M (男) / F (女) 3. Date of Birth: 请在此处填写护照上显示的出生日期 4. Nationality/Citizenship: 根据护照显示的国籍填写, 例如: Chinese
5. Passport No.: 请在此处填写护照号 6. FIN No. (if applicable):

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请在此处填写IPA上面显示的FIN No.
7. Address in Singapore: 请查看你的租房合同, 填写在新加坡的英文地址

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.) 体检 (确保所有部分都已正确填写。本报告不允许添加任何备注。不符合ICA要求的报告将被拒绝。)

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 style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" 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 style="width: 40px; height: 20px;" type="checkbox"/> | <input style="width: 40px; height: 20px;" type="checkbox"/> |

此蓝框里面的内容可以让医院的工作人员协助填写

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)

本人声明上述内容不适用于我, 因为我在获得.....时已向ICA/人力部提交了一份包含上述信息的医疗体检报告 (不超过2年前) 有效期从 (年月日) 至 (年月日)。

如果你之前没有在新加坡做过体检并将报告递交给新加坡移民局ICA的话, 这个红框里面的内容则不需要填写。

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**