

## LONG TERM PASS (LTP) MEDICAL EXAMINATION FORM

### FOR APPLICANT IN APPLYING LONG TERM PASS

#### INSTRUCTION TO APPLICANT

This form duly completed must be submitted together with the applicant's NRIC (for Singapore Citizen and Permanent Resident) to Pass / Permits Office at 37 Jurong Port Road, Singapore 619110.

This form shall be valid for one year from the date of medical examination.

NAME (block letters) \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

NRIC / FIN NO. \_\_\_\_\_ GENDER \_\_\_\_ OCCUPATION \_\_\_\_\_

JOB DESCRIPTION \_\_\_\_\_

#### SECTION A - To be completed by the Medical Examiner

Questions to be put by the Medical Examiner to the Examinee who is the applicant named above and whose answers are to be entered in the spaces provided.

**ANSWERS : Mark "X" for "Yes" or "No"**

Have you any history of or are you suffering from:	Yes	No	Remarks
1. Nervous or mental trouble			
2. Severe headaches or migraine			
3. Fits or convulsions of any kind			
4. Fainting attacks or giddiness			
5. Head injury or concussion			
6. Eye trouble of any kind			
7. Colour blindness			
8. Difficulty in seeing in the dark			
9. Deafness			
10. Asthma			
11. Hear disease, weak or strained heart			
12. Palpitations or breathlessness			
13. Physical or mental disability			
14. Have you undergone any surgical operations			
15. Any illness or injuries not mentioned above			

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or made any misleading statement and I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

Date \_\_\_\_\_

Signature of Examinee \_\_\_\_\_

**SECTION B - General Medical and Laboratory Examination.**  
**(to be completed by the Medical Examiner)**

**ANSWERS: Mark "X" for "Yes" or "No"**

1. Any deformities and / or physical disabilities observed
2. Any evidence of wounds injuries or operations
3. Any abnormality of movement of the joints
4. Any evidence of abnormality of the nervous system
5. Any evidence of psychiatric disorder
6. Heart : Any evidence of abnormality of the cardiovascular
7. Any defect of hearing
8. Does the examinee show any evidence of being addicted to the excessive use of alcohol or drugs

Yes	No	Remarks

9. (a) Is there any defect of vision; including colour vision? Please give details

\_\_\_\_\_

Visual Activity for distance Without glasses RE \_\_\_\_\_ LE \_\_\_\_\_ With glasses RE \_\_\_\_\_ LE \_\_\_\_\_

Near Vision Without glasses RE \_\_\_\_\_ LE \_\_\_\_\_ With glasses RE \_\_\_\_\_ LE \_\_\_\_\_

(b) Do you consider examinee should wear glasses when driving? \_\_\_\_\_

10. Blood Pressure : Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Are the blood pressure readings normal, having regard to the examinee's age? \_\_\_\_\_

11. ECG Reading : \_\_\_\_\_

12. Fasting Blood Sugar : \_\_\_\_\_

13. Chest X-Ray : \_\_\_\_\_

14. Additional remarks by the Medical Examiner :

\_\_\_\_\_

15. Result of Medical Examination

I certify that I have this day examined and identified the examinee who is the applicant named overleaf.  
 \*He/she has shown as \*his/her identity card which bears the same name and number given on this form.

The answers to the questions above are correct to the best of my knowledge and belief.

From my observation and medical examination, I find the examinee physically and mentally  
 \*FIT / UNFIT to engage his work in the Port as described under JOB DESCRIPTION in this form.

Date \_\_\_\_\_ Signature of Medical Examiner : \_\_\_\_\_

Name and Qualifications of Medical Examiner : \_\_\_\_\_

Address of Clinic /  
 Clinic Stamp \_\_\_\_\_

\* Delete accordingly