

MAIDS EMPLOYMENT MEDICAL EXAMINATION DECLARATION FORM

Endorsed by:



Singapore Medical Association



College of Family Physicians, Singapore

I, _____, Passport No. _____,

Work Permit No. _____, residing at _____

_____, hereby declare that

- (1) I am the intended party for this medical examination;
- (2) I have no reason whatsoever to believe that I am pregnant;
- (3) my last menstrual period was _____ (DD/MM/YY);
- (4) the urine specimen belongs to me;
- (5) I give consent to the examining doctor to examine me in respect of the examination/tests required by the Ministry of Manpower, and for the results of the examination/tests to be released to my employer and the Ministry of Manpower.

Explained and witnessed by:

To be completed by the examinee:

Signature:

Right Hand Thumb Print:

Date: _____

