



MEDICAL EXAMINATION REPORT (VOCATIONAL LICENCE APPLICATION / RENEWAL)

Section A: Particulars of Applicant (*To be duly completed by applicant)

*Name of Applicant:			
*NRIC No:		*Contact Number:	
*Type of Vocational Licence:			

Section B – X-ray Examination (Certified by Radiologist) – (Only applicable to new applicants or if instructed by LTA).

I have had the applicant X-rayed, having assured myself that he/she is the person named above by having had his/her Identity Card/Work Permit examined and his/her signature below.
 Please tick in the appropriate box

- Result: There is no radiological evidence of chest lesion.
 The applicant is suffering from TB.

Comments, if any: _____

Date: _____

 Signature of Applicant
 (In the presence of the radiographer)

 (Name and Signature of Radiologist)

Section C – Medical History (To be completed by Medical Examiner only)

Please tick in the appropriate column.

	Do you have any history of or are you suffering from:	Yes	No
1	Nervous breakdown or mental trouble		
2	Severe headaches or migraines		
3	Fits or convulsions of any kind		
4	Fainting attacks or giddiness		
5	Head injuries or concussions		
6	Eye trouble of any kind		
7	Colour blindness		
8	Difficulty in seeing in the dark		
9	Deafness		
10	Asthma		
11	Heart diseases, weak or strained heart		
12	Palpitations or breathlessness		
13	Physical or mental disability		
14	Illness or injuries not mentioned above (please specify)		
I have undergone a surgical operation.			

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

 Signature of Applicant & Date
 (In the presence of the Medical Examiner)

 Name/ Signature of Medical Examiner & Date