

## MEDICAL EXAMINATION FORM FOR PSA PASS APPLICANT ENGAGING IN EQUIPMENT OPERATION AND **OPERATIONS WITH MANUAL WORKS**

## INSTRUCTIONS TO THE APPLICANT:

This form duly completed must be submitted together with the applicant's NRIC (for Singapore Citizen and Permanent Resident) to PSA Pass Centre at 7B Keppel Road #01-28 Tanjong Pagar Complex, Singapore 089055.

PSA Corporation Limited requires to be satisfied on the points set out herein before granting to the applicant, who is 62 years old and above for access into the point areas, including the foll in

SA Pass if issued shall be valid for or																					
Name of Applicant (BLOCK LETTE	RS)											_				_					7
NRIC/Passport No.																					
SECTION A: TO BE COMPLETE	D BY	THE	MEDIC	AL EX	AMIN	ER															
Questions to be put by the Medical  Have you any history of or are you  LINSWERS: Mark "X" for "Yes" or "No"	sufferi		om :-		e who i	is the a	applic	eant n	amed a	above a	and w	/hos	e ansv	ers are				n the		prov	ided.
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. Severe headaches or migraine							10. A	Asthm	na							$\exists  \mid$					
. Fits or convulsions of any kind										e, weal	k or st	trair	ed hea	art		$\dashv$					
Fainting attacks or giddiness										or breat						$\dashv$	-				
5. Head injury or concussion								•		nental c						$\dashv$					
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Eye trouble of any kind										Ü	,		•		$\vdash$	$\dashv$	-				
. Colour blindness							15. A	any IIII	ness o	r injurie	es not	me	ntioned	l above		[					
. Difficulty in seeing in the dark			l																		
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9(b). Do you consider examinee should wear glasses when driving ? Y / N

\* Delete if not applicable