



13 September 2023

## From 4 Sep 2023, clinics to submit 6ME results for female non-domestic Work Permit holders

Dear Sir/Madam

From 4 Sep 2023, the 6-monthly medical examination (6ME) results for female non-domestic Work Permit holders must be submitted to the Ministry of Manpower (MOM) by Singapore-registered clinics. This is a change from the current approach in which employers submit the results themselves.

All 6ME notification and reminder letters sent from 4 Sep 2023 will reflect this change. (Please refer to Annex A for the revised 6ME form.)

After completing the 6ME, medical clinics should submit the results online at [www.mom.gov.sg/submit-mw-6me](http://www.mom.gov.sg/submit-mw-6me) regardless of the outcome. They are not required to upload the actual 6ME form unless being asked for separately by MOM.

Medical clinics which come across the existing version of the 6ME letters and forms after 4 Sep 2023, should also assist in submitting the results online.

For any clarification, please contact us using the enquiry/feedback form at [www.mom.gov.sg/contact](http://www.mom.gov.sg/contact).


Yours sincerely

A handwritten signature in blue ink, appearing to be 'Chng Yi Ken'.

Chng Yi Ken  
For Controller of Work Passes

**ANNEX A – REVISED 6ME FORM (EFFECTIVE 4 SEPTEMBER 2023)**

Employer Address line 1 Address line 2 Postal code  Date	<b>Work Pass Division</b> <b>Ministry of Manpower</b> 18 Havelock Road Singapore 059764 Website : <a href="http://www.mom.gov.sg">http://www.mom.gov.sg</a> Contact : <a href="http://www.mom.gov.sg/contact">http://www.mom.gov.sg/contact</a>
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**6 Monthly Medical Examination Report for Foreign Workers**

**Part 1: Foreign Worker's Particulars**

WP No. : 0 01234567  
 Name of Worker : MASKED  
 Medical Examination Due Date : 26 Aug 2023

**To be signed by the foreign worker**

I hereby give my consent for this medical examination report to be released to my employer, ABCDEFG (ELIZABETH DR) PTE. LTD., and the Ministry of Manpower after it is completed by the examining doctor.

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Foreign Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2: Medical Report (To be completed by the Examining Doctor)**  
 (Please mark within the box. E.g. ☒ )

Medical Screening	Results	
	POSITIVE	NEGATIVE
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis test	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**D D M M Y Y Y Y**  
 Date of Examination :   /   /      
 (Please write the date clearly. There should only be one number per box.)

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Examining Doctor's Name \_\_\_\_\_ Medical Registration (MCR) number \_\_\_\_\_

**Doctor to note the following:**

1. Please keep the pregnancy and syphilis test results, and the HIV or chest X-ray reports as we may ask to see it.
2. HIV screening (if any) must be done at MOH approved laboratories.
3. Please pass a copy of the completed medical examination report and its enclosures (if any) to the employer.

The Medical Report Form was updated on 30 June 2023