AFPN 1202
Blk 701 Transit Road, #04-01, Singapore 778910
Tel: 64772591, Fax 64772252 / 64772244
(Attention: SO Medical Affairs)

REQUEST FOR MEDICAL REPORT

To be completed by requester

1. I/We _____ (NRIC No.), _____ (Name/Company), _____ (Relationship, if applicable),

_____ (Contact No.), _____ (Address, Postal Code) wish to apply for a medical report

on _____ (Name of person on whom report is written) regarding _____ (medical condition)

2. The report is for _____ (Purpose)*

3. Enclosed is a cheque payment for **$80 / $270 made payable to "Permanent Secretary (Defence), Singapore" for the medical report.

_____ Signature of Requester _____ Date

*If report is for legal purposes, please indicate the relevant penal code.
** Amount payable to be determined by SO Medical Affairs.

To be completed by person on whom the report is written

I, _____ (NRIC No), _____ (Name), _____ (Contact No.), hereby give

consent to the SAF Medical Corps to release my medical information to the above-named

named requester and for the purpose stated.

_____ Signature _____ Date