

RESTRICTED

Medical Classification Centre
Central Manpower Base
Blk 2, 91 Hillview Link, #02-201
Singapore 669723
(Attention: Medical Officer In-Charge)

Tel: 1800-367 6767

CONSENT FOR RELEASE OF PES GRADING DETAILS

PART A: TO BE COMPLETED BY REQUESTOR (Parent or Legal Guardian only)

Name of Parent / Legal Guardian: _____	
NRIC: _____	Telephone: _____ Fax : _____
Address: _____	
Request for PES grading details for the purpose of _____	
_____ Signature of Parent / Legal Guardian	_____ Date

PART B: TO BE COMPLETED BY THE PERSON ON WHOM THE INFORMATION IS RELEASED

I, (NAME) _____ (NRIC) _____	
hereby give consent to the Medical Classification Centre to release my PES grading details to my parent / legal guardian.	
Name : _____	
Address: _____	
_____ Signature of Pre-enlistee	_____ Date

PART C: TO BE COMPLETED BY THE AUTHORITY

1. According to our pre-enlistment medical screening records, _____ (Name) _____ (NRIC) is noted to have _____.	
2. The PES _____, i.e. _____ is appropriate and in accordance with the SAF Medical Classification Guidelines.	
3. If you would like to have a full medical report on the pre-enlistment medical screening results, please complete the attached request form and send it to the Staff Officer of Health Care. Do note that an administrative fee is chargeable for the full medical report.	
_____ Name / Signature of Officer	_____ Date

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