

RESTRICTED

Medical Classification Centre  
Central Manpower Base  
3 Depot Road #01-19  
Singapore 109680  
(Attention: Medical Officer In-Charge)

Tel: 1800-367 6767  
Fax: 6373 1350

**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