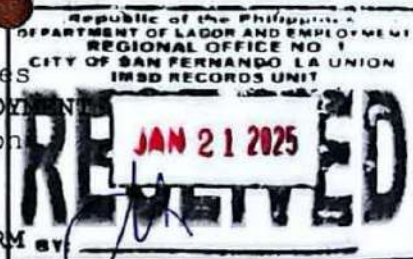


Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Working Conditions



ANNUAL MEDICAL REPORT FORM

For the Period of January 1, 2024 to December 31, 2024

1. Name of Establishment: PORO POINT MANAGEMENT CORPORATION
2. Address: GOV. JOAQUIN L. ORTEGA AVE. PORO POINT, CSF, LA UNION
3. Name of Owner/Manager: _____
4. Nature of Business and Product / Service (Ex. Manufacturing, Textile)
ESTATE MANAGEMENT
5. Total Number of Employees: 63 Number of Shifts: 3
6. Number Distribution of Employees as to nature/workplace, sex and work shift:
Office: _____ Production/Shop: _____

	No. of Employees	1 st Shift ¹	2 nd Shift ²	3 rd Shift ³
Male :	40	34	5	1
Female :	23	23	0	0
Total :	63	57	5	1

7. Preventive Occupational Health Services: (Check or Cross)
 - a. Occupational health services is organized/provided by:
 - () the establishment/undertaking
 - () government authority/institution
 - () other bodies/groups/institution (specify) _____
 - b. Occupational health services as described under 7a above, is organized/provided as a service:
 - () solely for the workers of the establishment/undertaking
 - () Common to a number of establishments/undertakings _____
 - c. The employer engages the services of:
 - () Occupational health practitioner
Name: _____
Address: _____
 - () Occupational health physician
Name: _____
Address: _____
 - () Occupational health dentist
Name: _____
Address: _____
 - (X) Occupational health nurse
Name: JOANNE P. MACAGBA/NURSE
Address: GOV. JOAQUIN L. ORTEGA AVE. PORO POINT, CSF, LA UNION
 - d. The occupational health physician/practitioner/nurse/personnel conducts an inspection for the workplace:
 - (X) once every month
 - () once every three (3) months
 - () once every two (2) months
 - () once every six (6) months
 - () other details _____
8. Emergency Occupational Health Services:
 - a. The employer provides a treatment room/medical clinic in the workplace with medicines and facilities:
 - (X) yes CLINIC
 - () No _____
 - (X) others, please specify FIRST AID KITS, MEDICINES, AMBULANCE
 - b. Schedule of attendance in the workplace:

¹ 1st shift pertains to employees rendering duty from 8am to 5pm.
² 2nd shift pertains to employees rendering duty from 6am to 6pm.
³ 3rd shift pertains to employees rendering duty from 4pm to 8am.

		Work shift
Occupational health physician	: _____	hrs./day _____
Occupational health dentist	: _____	hrs./day _____
Occupational health practitioner	: _____	hrs./day _____
Occupational health nurse	: <u>8</u>	hrs./day <u>1ST</u>

c. Schedule of attendance of full time first aider

- (X) 1st workshift
 () 2nd workshift
 () 3rd workshift

d. The following occupational health personnel of this establishment have undergone training in occupational health and safety-first aid:

- () occupational health physician
 () occupational health dentist
 (X) occupational health nurse
 (X) first-aider

() others, please specify _____

9. Occupational Health Services:

a. The occupational health personnel of this establishment conducts regular appraisal of the sanitation system in the workplace:

(X) Yes () No

b. Number of workers who underwent the following medical examinations:

	Physical Exams	X-rays	Urinalysis
1. Pre-placement	<u>4</u>	<u>4</u>	<u>4</u>
2. Periodic	_____	_____	_____
3. Return-to-work	_____	_____	_____
4. Transfer	_____	_____	_____
5. Special	_____	_____	_____
6. Separation	_____	_____	_____

	Stool Exam	Blood Test	ECG	Others (drug test)
1. Pre-placement	<u>4</u>	<u>4</u>	_____	_____
2. Periodic	_____	_____	_____	_____
3. Return-to-work	_____	_____	_____	_____
4. Transfer	_____	_____	_____	_____
5. Special	_____	_____	_____	_____
6. Separation	_____	_____	_____	_____

10. Report of Diseases

a. Number of consultations/treatments for the following diseases

	Male	Female	Total Number of Cases
Skin:			
(X) Allergy	<u>4</u>	<u>1</u>	<u>5</u>
(X) Dermatoses	_____	<u>1</u>	<u>1</u>
() Infection as Folliculitis	_____	_____	_____
Abscess/paronychia	_____	_____	_____
() Others (Burn)	_____	_____	_____
Head:			
(X) tension headache	<u>1</u>	<u>4</u>	<u>5</u>
(X) others (Migraine Headache)	_____	<u>6</u>	<u>6</u>
Eyes:			
(X) Error of refraction	<u>1</u>	<u>1</u>	<u>2</u>
() Bacterial/Viral Conjunctivitis	_____	_____	_____
() Cataract	_____	_____	_____
(X) Others (Blurring of vision)	_____	<u>1</u>	<u>1</u>
(Subconjunctival Hemorrhage)	_____	<u>1</u>	<u>1</u>
Mouth & ENT:			
() Gingivitis	_____	_____	_____
() Herpes Labiales/Nasalis	_____	_____	_____
() Otitis Media/Eterna	_____	_____	_____
() Deafness	_____	_____	_____
(X) Meniere's Syndrome/Vertigo	_____	<u>1</u>	<u>1</u>
(X) Rhinitis/Colds	<u>1</u>	<u>5</u>	<u>6</u>
() Nasal Polyps	_____	_____	_____

	Male	Female	Total Number of Cases
(X) Sinusitis		1	1
(X) Tonsillopharyngitis		2	2
(X) Laryngitis		1	1
(X) Others (Toothache)	1		1
Respiratory:			
(X) Bronchitis		2	2
(X) Bronchial Asthma		2	2
() Pneumonia			
() Tuberculosis			
() Pneumoconiosis			
(X) Others (Cough)	1	2	3
Heart and Blood Vessel:			
(X) Hypertension	9	5	14
() Hypotension			
(X) Angina Pectoris		1	1
() Myocardial Infarction			
() Vascular disturbances In extremities due to Continuous vibration			
() Others			
Gastrointestinal:			
(X) Gastroenteritis/ Diarrhea		2	2
(X) Amoebiasis		1	1
(X) Gastritis/Hyperacidity		1	1
() Appendicitis			
() Infectious Hepatitis			
() Liver Cirrhosis			
() Hepatic Abscess			
() Cancer (Hepatic/Gastric)			
() Ulcer			
(X) Others (fatty liver) (Acid Reflux)	1	1 1	2 1
Genito Urinary:			
(X) Urinary Tract Infection		4	4
(X) Stones	1		1
() Cancers			
() Others			
Reproductive:			
(X) Dysmenorrhea		5	5
() Infection (Cervicitis) (Vaginitis)			
() Abortion (Spontaneous) (Threatened)			
() Hyperemesis Gravidarum			
() Urine Tumors			
() Cervical Polyp/Cancer			
(X) Ovarian Cyst/Tumors		1	1
() Sexually-Transmitted Diseases			
() Hernia (Inguinal) (Femoral)			
(X) Others (Myoma)		1	1
Neuromuscular/Skeletal/Joints:			
() Peripheral Neuritis			
() Torticollis			
(X) Arthritis	2	1	3
() Others			

	Male	Female	Total Number of Cases
Lymphatics and Circulatory:			
<input type="checkbox"/> Anemia			
<input type="checkbox"/> Leukemia			
<input type="checkbox"/> Cerebrovascular Accidents			
<input type="checkbox"/> Lymphadenitis			
<input type="checkbox"/> Lymphoma			
Infectious Diseases:			
<input checked="" type="checkbox"/> Influenza		1	1
<input type="checkbox"/> Typhoid/Paratyphoid Fever			
<input type="checkbox"/> Cholera			
<input type="checkbox"/> Measles			
<input type="checkbox"/> Tetanus			
<input type="checkbox"/> Malaria			
<input type="checkbox"/> Schistosomiasis			
<input type="checkbox"/> Herpes Zoster			
<input type="checkbox"/> Chicken Pox			
<input type="checkbox"/> German Measles			
<input type="checkbox"/> Rabies			
<input checked="" type="checkbox"/> Others (<i>Toxoplasma</i>)		1	1
(<i>Covid-19</i>)		2	2
Diseases Due to Physical Environment:			
a) Disease Due to Noise and Vibration			
<input type="checkbox"/> Deafness (noise induced)			
<input type="checkbox"/> White Fingers disease			
<input type="checkbox"/> Musculo-skeletal disturbances			
<input checked="" type="checkbox"/> Fatigue	1	1	2
b) Diseases Due to Temperature and Humidity Abnormalities:			
Hot Temperature			
<input type="checkbox"/> heat strokes			
<input type="checkbox"/> heat cramps			
<input type="checkbox"/> dehydration			
<input type="checkbox"/> heat exhaustion			
<input type="checkbox"/> Others			
Cold Temperature			
<input type="checkbox"/> chilblain			
<input type="checkbox"/> frost bite			
<input type="checkbox"/> immersion foot			
<input type="checkbox"/> general hypothermia			
<input type="checkbox"/> Others			
c) Diseases Due to Pressure Adnormalities:			
<input type="checkbox"/> Decompression Sickness:			
<input type="checkbox"/> Air embolism			
<input type="checkbox"/> bends diseases			
<input type="checkbox"/> Barotrauma			
<input type="checkbox"/> Hypoxia			
<input type="checkbox"/> altitude sickness			
d) Diseases Due to Radiation			
<input type="checkbox"/> Cataracts			
<input type="checkbox"/> keratitis			
<input type="checkbox"/> burns			
<input type="checkbox"/> radiation-related cancers			
TOTAL NUMBER	23	60	83

11. Report of occupational Accidents/Injuries

Nature	Male	Female	Total Number of Cases
Contusion, bruises, hematoma	_____	_____	_____
Abrasions	_____	_____	_____
Cuts, Lacerations, punctures	1	1	2
Concussion	_____	_____	_____
Avulsion	_____	_____	_____
Amputation, loss of body parts	_____	_____	_____
Crushing Injuries	_____	_____	_____
Spinal Injuries	_____	_____	_____
Cranial Injuries	_____	_____	_____
Sprains	_____	_____	_____
Dislocation/Fractures	_____	_____	_____
Burns	1	_____	1

12. Immunization Program (indicate number immunized)

	Male	Female	Total Number of Cases
Tetanus Toxoid Injection	_____	_____	_____
Tetanus Antitoxin Injection	_____	_____	_____
Tetanus Globulin Injection	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____
Rabies B Vaccine	_____	_____	_____
Others (please specify)	_____	_____	_____

13. Keeping of Medical Records of Workers (Please Check)

(X) done () not done

14. Health Education and Counseling by Health and Safety Personnel: (Please check one or more)

- (X) done individually as each worker comes to the clinic for consultation.
 (X) done in organized group discussions/seminars.
 (X) done with the use of visual displays and/or promotional materials, leaflets, etc.

15. Other Health Programs (Please check)

Kinds of Program	Seminar	Use of Visual Aid/Materials	Counseling
Nutrition Program	_____	_____	✓
Maternal and Child Care Program	_____	_____	✓
Mental Health Activities	_____	✓	✓
Personal Health Maintenance	_____	✓	✓

Physical Fitness Program: (Please Check)


Sports Activities (X) Yes () No
 Others (Please Specify) () Yes () No

16. Hazards in the workplace: (Please check and give details of the substances)

	Substances and/or Sources	Number of workers exposed
a. Chemical Hazards:		
() dust (Ex. Cilica dust)	_____	_____
() liquids (Ex. Mercury)	_____	_____

() mist/fumes/vapors	_____	_____
(Ex. Mist from paint	_____	_____
Spraying)	_____	_____
() gas (Ex. Co, H ₂ S)	_____	_____
() others (Please specify)	_____	_____
(Ex. Solvents)	_____	_____
b. Physical Hazards		
() Noise	_____	_____
() temperature/humidity	_____	_____
Pressure	_____	_____
() illumination	_____	_____
() radiation/ultraviolet/	_____	_____
Microwave	_____	_____
() Vibration	_____	_____
() Others (Please specify)	_____	_____
c. Biological Hazards:		
() Viral	_____	_____
() Bacterial	_____	_____
() Fungal	_____	_____
() Parasitic	_____	_____
() Others	_____	_____
d. Ergonomic Stress:		
() Noise	_____	_____
() temperature/humidity	_____	_____
Pressure	_____	_____
() illumination	_____	_____
() radiation/ultraviolet/	_____	_____
Microwave	_____	_____
() Vibration	_____	_____
() Others (Please specify)	_____	_____

Submitted by:


JOANNE P. MACAGBA/NURSE
 Medical Personnel/Title

January 21, 2025
 Date

Noted by:


MARIA VICTORIA REDEMPTA DE GUZMAN-SORIANO
 Vice President for HR and Administration