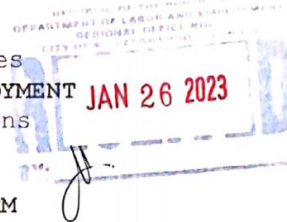


Republic of the Philippines  
 DEPARTMENT OF LABOR AND EMPLOYMENT  
 Bureau of Working Conditions



ANNUAL MEDICAL REPORT FORM

For the Period of January 1, 2022 to December 31, 2022

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: 57 Number
6. Number of Shifts: 3
7. Number Distribution of Employees as to nature/workplace, sex and work shift:  
 Office: \_\_\_\_\_ Production/Shop \_\_\_\_\_

	No. of Employees	1st Shift <sup>1</sup>	2nd Shift <sup>2</sup>	3rd Shift <sup>3</sup>
Male :	<u>38</u>	<u>32</u>	<u>5</u>	<u>1</u>
Female :	<u>19</u>	<u>19</u>	<u>0</u>	<u>0</u>
Total :	<u>57</u>	<u>51</u>	<u>5</u>	<u>1</u>

8. 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: \_\_\_\_\_
    - ( ) 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 \_\_\_\_\_
9. Emergency Occupational Health Services:
  - a. The employer provides a treatment room/medical clinic in the workplace with medicines and facilities:
    - (X) yes MEDICINES ( ) No \_\_\_\_\_
    - (X) others, please specify FIRST AID

<sup>1</sup> 1<sup>st</sup> shift pertains to employees rendering duty from 8am to 8pm.  
<sup>2</sup> 2<sup>nd</sup> shift pertains to employees rendering duty from 6am to 6pm.  
<sup>3</sup> 3<sup>rd</sup> shift pertains to employees rendering duty from 4pm to 8am.

b. Schedule of attendance in the workplace:

		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

- 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
- occupational health nurse
- first-aider
- others, please specify \_\_\_\_\_

10. Occupational Health Services:

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

- Yes
- No

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

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

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

11. Report of Diseases

a. Number of consultations/treatments for the following diseases

	Male	Female	Total Number of Cases
<b>Skin:</b>			
<input checked="" type="checkbox"/> Allergy	<u>3</u>	<u>5</u>	<u>8</u>
<input type="checkbox"/> Dermatoses	_____	_____	_____
<input type="checkbox"/> Infection as Folliculitis Abscess/paronychia	_____	_____	_____
<input type="checkbox"/> Others	_____	_____	_____
<b>Head:</b>			
<input checked="" type="checkbox"/> tension headache	<u>1</u>	<u>5</u>	<u>6</u>
<input checked="" type="checkbox"/> others ( <b>Migraine headache</b> )	<u>4</u>	<u>9</u>	<u>13</u>
<b>Eyes:</b>			
<input checked="" type="checkbox"/> Error of refraction	_____	<u>2</u>	<u>2</u>
<input type="checkbox"/> Bacterial/Viral Conjunctivitis	_____	<u>2</u>	<u>2</u>
<input checked="" type="checkbox"/> Cataract	<u>1</u>	_____	<u>1</u>
<input checked="" type="checkbox"/> Others - Blurring of vision/ needs eyeglasses	<u>1</u>	_____	<u>1</u>
<b>Mouth &amp; ENT:</b>			
<input checked="" type="checkbox"/> Gingivitis	_____	<u>1</u>	<u>1</u>
<input type="checkbox"/> Herpes Labiales/ Nasalis	_____	_____	_____
<input type="checkbox"/> Otitis Media/Eterna	_____	_____	_____
<input type="checkbox"/> Deafness	_____	_____	_____
<input type="checkbox"/> Meniere's Syndrome/ Vertigo	_____	<u>1</u>	<u>1</u>

	Male	Female	Total Number Of Cases
<input checked="" type="checkbox"/> Rhinitis/Colds	<u>1</u>	<u>3</u>	<u>4</u>
<input type="checkbox"/> Nasal Polyps	<u>          </u>	<u>          </u>	<u>          </u>
<input checked="" type="checkbox"/> Sinusitis	<u>          </u>	<u>2</u>	<u>2</u>
<input type="checkbox"/> Tonsillopharyngitis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Laryngitis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Others	<u>          </u>	<u>          </u>	<u>          </u>
<b>Respiratory:</b>			
<input type="checkbox"/> Bronchitis	<u>          </u>	<u>          </u>	<u>          </u>
<input checked="" type="checkbox"/> Bronchial Asthma	<u>          </u>	<u>2</u>	<u>2</u>
<input checked="" type="checkbox"/> Pneumonia	<u>          </u>	<u>2</u>	<u>2</u>
<input type="checkbox"/> Tuberculosis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Pneumoconiosis	<u>1</u>	<u>          </u>	<u>1</u>
<input checked="" type="checkbox"/> Others cough	<u>1</u>	<u>          </u>	<u>1</u>
<b>Heart and Blood Vessel:</b>			
<input checked="" type="checkbox"/> Hypertension	<u>5</u>	<u>3</u>	<u>8</u>
<input type="checkbox"/> Hypotension	<u>          </u>	<u>          </u>	<u>          </u>
<input checked="" type="checkbox"/> Angina Pectoris	<u>          </u>	<u>1</u>	<u>1</u>
<input type="checkbox"/> Myocardial Infarction	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Vascular disturbances In extremities due to Continuous vibration	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Others	<u>          </u>	<u>          </u>	<u>          </u>
<b>Gastrointestinal:</b>			
<input checked="" type="checkbox"/> Gastroenteritis/ Diarrhea	<u>1</u>	<u>1</u>	<u>2</u>
<input checked="" type="checkbox"/> Amoebiasis	<u>          </u>	<u>2</u>	<u>2</u>
<input checked="" type="checkbox"/> Gastritis/Hyperacidity	<u>          </u>	<u>6</u>	<u>6</u>
<input type="checkbox"/> Appendicitis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Infectious Hepatitis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Liver Cirrhosis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Hepatic Abscess	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Cancer (Hepatic/Gastric)	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Ulcer	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Others	<u>          </u>	<u>          </u>	<u>          </u>
<b>Genito Urinary:</b>			
<input checked="" type="checkbox"/> Urinary Tract Infection	<u>          </u>	<u>2</u>	<u>2</u>
<input type="checkbox"/> Stones	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Cancers	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Others	<u>          </u>	<u>          </u>	<u>          </u>
<b>Reproductive:</b>			
<input checked="" type="checkbox"/> Dysmenorrhea	<u>          </u>	<u>6</u>	<u>6</u>
<input type="checkbox"/> Infection (Cervicitis) ( Vaginitis)	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Abortion (Spontaneous) (Threatened)	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Hyperemesis Gravidarum	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Urine Tumors	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Cervical Polyp/Cancer	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Ovarian Cyst/Tumors	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Sexually-Transmitted Diseases	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Hernia (Inguinal) (Femoral)	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Others	<u>          </u>	<u>          </u>	<u>          </u>
<b>Neuromuscular/Skeletal/Joints:</b>			
<input type="checkbox"/> Peripheral Neuritis	<u>          </u>	<u>          </u>	<u>          </u>
<input type="checkbox"/> Torticollis	<u>          </u>	<u>          </u>	<u>          </u>
<input checked="" type="checkbox"/> Arthritis	<u>3</u>	<u>1</u>	<u>4</u>
<input checked="" type="checkbox"/> Others- Leg cramps	<u>1</u>	<u>          </u>	<u>1</u>



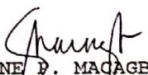
	Male	Female	Total Number of Cases
Lymphatics and Circulatory:			
( ) Anemia			
( ) Leukemia			
( ) Cerebrovascular			
Accidents			
( ) Lymphadenitis			
( ) Lymphoma			
Infectious Diseases:			
(X) Influenza		2	2
( ) Typhoid/Paratyphoid			
Fever			
( ) Cholera			
( ) Measles			
( ) Tetanus			
( ) Malaria			
( ) Schistosomiasis			
( ) Herpes Zoster			
( ) Chicken Pox			
( ) German Measles			
( ) Rabies			
(X) Others - Covid-19	3	7	10
Diseases Due to Physical Environment:			
a) Disease Due to Noise and Vibration			
( ) Deafness (noise induced)			
( ) White Fingers disease			
( ) Musculo-skeletal			
disturbances			
( ) Fatigue			
b) Diseases Due to Temperature and			
Humidity Abnormalities:			
Hot Temperature			
( ) heat strokes			
( ) heat cramps			
(X) dehydration		1	1
( ) heat exhaustion			
( ) Others			
Cold Temperature			
( ) chilblain			
( ) frost bite			
( ) immersion foot			
( ) general hypothermia			
( ) Others			
c) Diseases Due to Pressure Adnormalities:			
( ) Decompression Sickness:			
( ) Air embolism			
( ) bends diseases			
( ) Barotrauma			
( ) Hypoxia			
( ) altitude sickness			
d) Diseases Due to Radiation			
( ) Cataracts			
( ) keratitis			
( ) burns			
( ) radiation-related cancers			
TOTAL NUMBER	26	66	92





<input type="checkbox"/> mist/fumes/vapors (Ex. Mist from paint Spraying)	_____	_____
<input type="checkbox"/> gas (Ex. Co,H2S)	_____	_____
<input type="checkbox"/> others (Please specify) (Ex. Solvents)	_____	_____
<b>b. Physical Hazards</b>		
<input type="checkbox"/> Noise	_____	_____
<input type="checkbox"/> temperature/humidity Pressure	_____	_____
<input type="checkbox"/> illumination	_____	_____
<input type="checkbox"/> radiation/ultraviolet/ Microwave	_____	_____
<input type="checkbox"/> Vibration	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____
<b>c Biological Hazards:</b>		
<input type="checkbox"/> Viral	_____	_____
<input type="checkbox"/> Bacterial	_____	_____
<input type="checkbox"/> Fungal	_____	_____
<input type="checkbox"/> Parasitic	_____	_____
<input type="checkbox"/> Others	_____	_____
<b>d. Ergonomic Stress:</b>		
<input type="checkbox"/> Noise	_____	_____
<input type="checkbox"/> temperature/humidity Pressure	_____	_____
<input type="checkbox"/> illumination	_____	_____
<input type="checkbox"/> radiation/ultraviolet/ Microwave	_____	_____
<input type="checkbox"/> Vibration	_____	_____
<input type="checkbox"/> Others (Please specify)	_____	_____

Submitted by:

  
JOANNE P. MACAGBA/NURSE  
 Medical Personnel/Title

January 26, 2023  
 Date

Noted by:

  
MARIA VICTORIA DE GUZMAN-SORIANO  
 VICE PRESIDENT FOR HR & ADMINISTRATION  
 Employer