Republic of the Philippines

DEPARTMENT OF LABOR AND EMPLOYMENT JAN 26 2023

Bureau of Working Conditions

ANNUAL MEDICAL REPORT FORM

For the Period of <u>January 1, 2022</u> to <u>December 31, 2022</u>

1.	Name of Establishment: PORO POINT MANAGEMENT CORPORATION				
2.	Address: GOV. JOAQUIN L. ORTEGA AVE. PORO POINT, CSF, LA UNION				
з.	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 Shift1 2nd Shift2 3rd Shift3				
Ma.	le : 38 32 5 1				
Fer	male : 19 19 0				
Tot	tal : 57 51 5 1				
_	Preventive Occupational Health Services: (Check or Cross)				
в.	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				
	mb - laws arrange the governor of				
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:				
	1) three (3) months				
	(X) once every month () once every time (3) months () once every six (6) months				
	() other details				
a	Emergency Occupational Health Services:				
۶.	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				
	(A) Others, prease spectry				

¹ 1st shift pertains to employees rendering duty from 8am to 8pm.

 $^{^2}$ 2nd shift pertains to employees rendering duty from 6am to 6pm. 3 3nd shift pertains to employees rendering duty from 4pm to 8am.

D. Benedule of ac	tendance in the	workbrace	•			
				t/2 a = 1-	shift	
Occupational health physician		an :			y	
	health dentist			hrs./day	YY	
	health practit			hrs./day	·	
Occupational	health nurse	:	8	hrs./day	15T	
c. Schedule of a (X) 1st work () 2nd work () 3rd work	kshift kshift	ll time fi	rst aider			
d. The following		ealth ners	connel of t	his establi	shment have	
undergone tr () occupati () occupati (X) occupati (X) first-ai	caining in occup ional health phy ional health den ional health nur	ational he sician tist se	ealth and s	afety first	aid:	
appraisal of	ional health per f the sanitation Yes orkers who under	system in () No went the f	the workp	lace: edical exami	-	
1. Pre-place		1			1; drug	
2. Periodic						
3. Return-to	o-work					
4. Transfer	and other land					
5. Special						
6. Separatio	n				-	
		Stool Exam	Bloo Test		Oth	ers
1. Pre-place	ement	1	1		Neur	o eval
2. Periodic						
3. Return-to	o-work					,
4. Transfer						
5. Special						
6. Separatio)II					
11. Report of Dise a. Number of o	eases consultations/tr	eatments f	for the fol	lowing disea		
		Mal		Female		1 Number Cases
Skin:		Hai		Lemate	0.1	oabeb
(X) Allergy		3		5		8
() Dermatose	es					
() Infection						
Follicul						
() Others	/paronychia	-				
() Others					_	
Head:						
(X) tension h	neadache	1		5		6
(X) others (M	Migraine headach	(e) 4		9		13
			-			
Eyes:				•		2
(X) Error of				2		
() Bacteria: Conjunc				2		2
(X) Cataract	CIVICID	1				1
(X) Others -	Blurring of	1			_	1
	needs eyeglasses					
Mouth & ENT:	ia			1		1
(X) Gingiviti					_	
() Herpes La Nasalis	intates/					
() Otitis Me	edia/Eterna					
() Deafness						
() Meniere's	Syndrome/					
**				1		1

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

	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		Charles and the contract of th	***************************************
() Herpes Zoster			
() Chicken Pox			
() German Measles			
() Rabies			
(X) Others - Covid-19	3	7	10
Diseases Due to Physical Envir	onment:		
a) Disease Due to Noise and Vibrati	on		
() 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 Adnorma	lities:	-	
() Decompression Sickness:			
() Air embolism			
() bends diseases			
() Barotrauma			
() Hypoxia			
() altitude sickness			
d) Diseases Due to Radiation			
() Cataracts			
() keratitis			
() burns			
() radiation-related cancers			-
/ radiation-letated cancers			
TOTAL NUMBER	26	66	92

2. I	Report of occupational Accident	s/Injuries		Total Number
112	Nature	Male	Female	of Cases
	Contussion, bruises, hematoma		Access to the Artist to the Ar	
	Cuts, Lacerations, punctures			
	Concussion			
I	Avulsion			
	Amputation, loss of body parts			
	Crushing Injuries			
	Spinal Injuries			-
	Cranial Injuries			
	Sprains Dislocation/Fractures			
	Burns			
.]	mmunization Program (indicate	number immunized)	Total Number
		Male	Female	of Cases
7	Tetanus Toxoid Injection			
	etanus Antitoxin Injection			
	Cetanus Globulin Injection		Asserted to the state of the st	
	Mepatitis B Vaccine			
	Rabies B Vaccine			57
(thers (Covid 19 vaccination)	37	20	57
	(X) done individually as each w) done in organized group dis	cussions/seminar	S.	
	X) done with the use of visual leaflets, etc.	displays and/or	promotional mat	erials,
	ther Health Programs (Please c	heck)		
			Use of Visual	
t	Minds of Program	Seminar	Aid/Materials	Counseling
1	inds of Flogram	Domina		-
	Nutrition Program			
	Maternal and Child Care Program		-1	
	Mental Health Activities			- V
F	Personal Health Maintenance			
Ŧ	hysical Fitness Program: (Plea	se Check)		
	Sports Activities	(√) Yes	() No	
	Others (Please Specify		() No	
	Others (Frease Specify	, () 165	, , 110	
. F	Mazards in the workplace: (Plea	se check and giv	e details of the	substances)
		Substances and		of workers
		Sources	,	xposed
-	. Chemical Hazards:	Doulces		
d	· Onempour masaras.			
	() dust (Ex. Cilica dust)			***************************************
	() liquids (Ex. Mercury)			

<pre>() mist/fumes/vapors (Ex. Mist from paint Spraying) () gas (Ex. Co, H2S) () others (Please specify) (Ex. Solvents) b. Physical Hazards () Noise () temperature/humidity Pressure () illumination () radiation/ultraviolet/ Microwave () Vibration () Others (Please specify) c Biological Hazards: () Viral</pre>		
() Bacterial		
() Fungal		
() Parasitic		
() Others		
<pre>d. Ergonomic Stress: () Noise () temperature/humidity Pressure () illumination () radiation/ultraviolet/ Microwave () Vibration () Others (Please specify)</pre>		
Submitted by:		
JOANNE D. MAQAGBA/NURSE Medical Personnel/Title	Noted hou	<u>January 26, 2023</u> Date
	Noted by: WARIA VICT VICE PRESUMENT	DRIA DE GUZMAN-SORIANO FOR HR & ADMINISTRATION Employer