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

JAN 26 2022



ANNUAL MEDICAL REPORT FORM

For the Period of <u>January 1, 2021</u> to <u>December 31,</u>

1.	Name of Establishment: PORO POINT MANAGEMENT CORPORATION
2.	Address: GOV. JOAQUIN L. ORTEGA AVE. PORO POINT, CSF, LAUNION
3.	Name of Owner/Manager:
	Nature of Business and Product / Service (Ex. Manufacturing, Textile)
	ESTATE MANAGEMENT
5.	Total Number of Employees: 57 Number
	Number of Shifts: 3
	Number Distribution of Employees as to nature/workplace, sex and workshift: Office: Production/Shop
	No. of Employees 1st Shift1 2nd Shift2 3rd Shift3
Ma]	e : 37 31 5 1
Fen	ale : <u>20</u> <u>20</u> <u>0</u>
Tot	al: <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)
	() Other Boares, groups, inscreation (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
	The employer engages the services 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: <u>JOANNE P. MACAGBA/NURSE</u> Address: GOV. JOAQUIN L. ORTEGA AVE. PORO POINT, CSF, LAUNION
	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

 $^{1^{}st}$ shift pertains to employees rendering duty from 8am to 8pm. 2^{2} 2nd shift pertains to employees rendering duty from 6am to 6pm. 3^{2} 3rd 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 8 hrs./day 1ST 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 _ 10.Occupational Health Services: a. The occupational health personnel of this establishment conducts regular appraisal of the sanitation system in the workplace: (\mathbf{X}) Yes () No b. Number of workers who underwent the following medical examinations: Physical Exams X-rays Urinalysis 1. Pre-placement 2. Periodic 3. Return-to-work 4. Transfer 5. Special 6. Separation Stool Blood ECG Others Exam Test 1. Pre-placement 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 Total Number Male Female of Cases Skin: (X) Allergy () Dermatoses () Infection as Folliculitis Abscess/paronychia () Others Head: (X) tension headache (X) others (Migraine headache) Eyes: (X) Error of refraction 2 () Bacterial/Viral Conjunctivitis (X) Cataract (X) Others - Blurring of vision Mouth & ENT: () Gingivitis () Herpes Labiales/ Nasalis () Otitis Media/Eterna (X) Deafness

() Meniere's Syndrome/ Vertigo

	Male	Female	Total Number Of Cases
<pre>(X) Rhinitis/Colds () Nasal Polyps (X) Sinusitis () Tonsillopharyngitis () Laryngitis () Others</pre>	3	3	3
Respiratory: () Bronchitis (X) Bronchial Asthma (X) Pneumonia () Tuberculosis () Pneumoconiosis () Others	1 1	1 1	2
Heart and Blood Vessel: (X) Hypertension () Hypotension (X) Angina Pectoris () Myocardial Infarction () Vascular disturbances In extremities due to Continuous vibration () Others	4	1	1
Gastrointestinal: () Gastroenteritis/ Diarrhea (X) Amoebiasis		1	1
<pre>(X) Gastritis/Hyperacidity () Appendicitis () Infectious Hepatitis () Liver Cirrhosis () Hepatic Abscess () Cancer (Hepatic/Gastric () Ulcer</pre>	4	6	10
() Others Genito Urinary: (X) Urinary Tract Infection () Stones () Cancers () Others		2	2
Reproductive: (X) Dysmenorrhea () Infection (Cervicitis) (Vaginitis) () Abortion (Spontaneous) (Threatened) () Hyperemesis Gravidarum		5	5
 () Urine Tumors () Cervical Polyp/Cancer () Ovarian Cyst/Tumors () Sexually-Transmitted Diseases () Hernia (Inguinal) (Femoral) 			
() Others Neuromuscular/Skeletal/Joints: () Peripheral Neuritis			
() Tertificalli Rediffers (X) Arthritis (X) Others-Musculo-skeletal disturbances	1	1	1 1

Lymphatics and Circulatory:	Male	Female	Total Number of Cases
() Anemia () Leukemia () Cerebrovascular		della comprodutario mantiportanti variati della constitucioni dell	
Accidents () Lymphadenitis			
() Lymphoma Infectious Diseases:			
<pre>(X) Influenza () Typhoid/Paratyphoid Fever</pre>	1	1	2
() Cholera			-
() Measles () Tetanus			-
() Malaria			
() Schistosomiasis () Herpes Zoster			
() Chicken Pox			
() German Measles			MATERIAL AND
() Rabies	2		
(X) Others - Covid-19	2	2	4
Diseases Due to Physical Envir			
a) Disease Due to Noise and Vibrati() Deafness (noise induced)	Lon		-
() White Fingers disease			
() Musculo-skeletal			
disturbances () Fatigue			
b) Diseases Due to Temperature and		SPECIAL CONTROL OF COMMERCIAL CONTROL	
Humidity Abnormalities:			
Hot Temperature () heat strokes			
() heat cramps	And the second s		
() dehydration			
() 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			
TOTAL NUMBER	30	44	74

	Report of occupational Accident	.5/111) 01103		
	Nature	Male	Female	Total Number of Cases
	Contussion, bruises, hematoma Abrasions			
	Cuts, Lacerations, punctures			
	Concussion			
	Avulsion			
	Amputation, loss of body parts			
	Crushing Injuries Spinal Injuries			
	Cranial Injuries			
	Sprains		Name of the Control o	
	Dislocation/Fractures			
	Burns			
13.	Immunization Program (indicate	number immunized)		Total Number
		Male	Female	of Cases
	Tetanus Toxoid Injection			
	Tetanus Antitoxin Injection			The state of the s
	Tetanus Globulin Injection Hepatitis B Vaccine			
	Rabies B Vaccine			
	Others (Covid 19 vaccination)	37	20	57
14.	Keeping of Medical Records of W (\mathbf{X}) done	Norkers (Please Ch	neck)	
15.	Health Education and Counseling one or more)	g by Health and Sa	afety Personnel:	(Please check
	(X) done individually as each w	rawleau asmaa ta th	on alinia for con	100711
	(*) done individually as each w (*) done in organized group dis (*X) done with the use of visual leaflets, etc.	scussions/seminars	3.	
16.	() done in organized group dis(X) done with the use of visual	scussions/seminars displays and/or	3.	
16.	() done in organized group dis(X) done with the use of visual leaflets, etc.	scussions/seminars displays and/or	3.	
16.	() done in organized group dis(X) done with the use of visual leaflets, etc.Other Health Programs (Please of Kinds of Program	scussions/seminars displays and/or check)	promotional mate. Use of Visual Aid/Materials	rials,
16.	() done in organized group dis(X) done with the use of visual leaflets, etc. Other Health Programs (Please of the control of t	scussions/seminars displays and/or check) Seminar	promotional mate	rials,
16.	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program</pre> Nutrition Program	scussions/seminars displays and/or check) Seminar	promotional mate. Use of Visual Aid/Materials	rials, Counseling
16.	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program</pre>	scussions/seminars displays and/or check) Seminar	Use of Visual Aid/Materials	rials, Counseling
16.	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities</pre>	scussions/seminars displays and/or check) Seminar	Use of Visual Aid/Materials	Counseling
16.	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance</pre>	scussions/seminars displays and/or check) Seminar ase Check) () Yes	Use of Visual Aid/Materials	Counseling
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please of the program of</pre>	scussions/seminars displays and/or check) Seminar ase Check) () Yes () Yes	Use of Visual Aid/Materials V (X) No () No	rials, Counseling $ \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt$
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please</pre>	scussions/seminars displays and/or check) Seminar ase Check) () Yes () Yes	Use of Visual Aid/Materials V V V No (X) No () No	rials, Counseling $ \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt$
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please</pre>	scussions/seminars displays and/or check) Seminar ase Check) () Yes () Yes ese check and give	Use of Visual Aid/Materials (X) No () No e details of the second control of the second	Counseling V V V V substances)
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please</pre>	Scussions/seminars L displays and/or Check) Seminar ase Check) () Yes () Yes ase check and give	Use of Visual Aid/Materials (X) No () No e details of the second control of the second	Counseling V V V Substances) of workers
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please</pre>	Scussions/seminars L displays and/or Check) Seminar ase Check) () Yes () Yes ase check and give	Use of Visual Aid/Materials (X) No () No e details of the second control of the second	Counseling V V V Substances) of workers
	<pre>() done in organized group dis (X) done with the use of visual leaflets, etc. Other Health Programs (Please of Kinds of Program Nutrition Program Maternal and Child Care Program Mental Health Activities Personal Health Maintenance Physical Fitness Program: (Please</pre>	Scussions/seminars L displays and/or Check) Seminar ase Check) () Yes () Yes ase check and give	Use of Visual Aid/Materials (X) No () No e details of the second control of the second	Counseling V V V Substances) of workers

() 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	
() Bacterial	
() Fungal	4/1.
() Parasitic	
() Others	
d. Ergonomic Stress:	
() Noise	
() temperature/humidity	
Pressure	
() illumination	
() radiation/ultraviolet/	
Microwave	
() Vibration	
() Others (Please specify)	
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Submitted by:	
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Marroal	
JOANNE P. MACAGBA/NURSE	January 25, 2022

Noted by:

Medical Personnel/Title

MARIA VICTORIA DE GUZMAN-SORIANO
VICE PRESIDENTE OR HR ADMINISTRATION
Employer

Date