SUBIC BAY METROPOLITAN AUTHORITY
PUBLIC HEALTH AND SAFETY DEPARTMENT
Occupational Health and Safety Division
Bldg. 280, Dewey Ave., Subic Bay Freeport Zone, Philippines 2222
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Departmental Quality Form
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ANNUAL MEDICAL REPORT

(This report shall be submitted by the employer to the SBMA Occupational Health and Safety Division within 20 calendar days following the end of each calendar year.)

Period Covered: _____

Name of Establishment: _____

Address: _____

Name of Owner: _____

Nature of Business: _____

Persons Employed, including management:

1ST SHIFT	Time: _____	Male: _____	Female: _____
2ND SHIFT	Time: _____	Male: _____	Female: _____
3RD SHIFT	Time: _____	Male: _____	Female: _____

Preventive Occupational Health Services:

a. Occupational health services is organized/provided by (✓):
- ☐ the establishment
- ☐ government authority/institution
- ☐ other bodies/groups/institution; Specify: _____

b. Occupational health services as described above is organized/provided as a service:
- ☐ solely for the workers of the establishment/undertaking
- ☐ common to a number of establishment/undertakings

Specify other establishments: _____

c. The employer engages the services of:
- ☐ Occupational health physician
  Name: _____ Address: _____ Tel: _____
- ☐ Occupational health dentist
  Name: _____ Address: _____ Tel: _____
- ☐ Occupational health nurse
  Name: _____ Address: _____ Tel: _____

d. The occupational health physician/dentist/nurse conduct/s an inspection of the workplace:
- ☐ once a month ☐ once in 2 months ☐ once in 3 months ☐ once in 6 months
- ☐ others; Details: _____

Emergency Occupational Health Services

a. The employer provides a treatment room/medical clinic in the workplace with COMPLETE medicines and facilities: ☐ Yes ☐ No

b. Schedule of attendance in the workplace:
Occupational health physician No. of hours/day: _____ Workshift: _____
Occupational health dentist No. of hours/day: _____ Workshift: _____
Occupational health nurse No. of hours/day: _____ Workshift: _____

c. Schedule of attendance of full-time first aider:
☐ first workshift ☐ second workshift ☐ third 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: _____

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:

	Pre-placemnt	Periodic	RTW	Transfer	Special	Separation
Physical exam						
X-ray						
Urinalysis						
Stool exam						
Blood test						
Others						

Report of Diseases

a. Number of consultations/treatments for the following diseases

	Male	Female	Total
Skin			
☐ allergy			
☐ dermatoses			
☐ infection as folliculitis			
☐ abscess/paronychia			
☐ others			
Head			
☐ tension headache			
☐ others			
Eyes			
☐ error of refraction			
☐ bacterial/viral			
☐ conjunctivitis			
☐ cataract			
☐ others			

	Male	Female	Total
Mouth and ENT			
☐ gingivitis			
☐ herpes labiales/nasalis			
☐ otitis media/externa			
☐ deafness			
☐ meniere's syndrome/vertigo			
☐ rhinitis/colds			
☐ nasal polyps			
☐ sinusitis			
☐ tonsillopharyngitis			
☐ laryngitis			
☐ others			
Respiratory			
☐ bronchitis			
☐ bronchial asthma			
☐ pneumonia			
☐ tuberculosis			
☐ pneumoconiosis			
☐ others			
Heart and Blood Vessel			
☐ hypertension			
☐ hypotension			
☐ angina pectoris			
☐ myocardial infarction			
☐ vascular disturbances in extremities due to continuous vibration			
☐ others			
Gastrointestinal			
☐ gastroenteritis/diarrhea			
☐ amoebiasis			
☐ gastritis/hyperacidity			
☐ appendicitis			
☐ infectious hepatitis			
☐ liver cirrhosis			
☐ hepatic abscess			
☐ cancer (hepatic/gastric)			
☐ ulcer			
☐ others			
Genito Urinary			
☐ urinary tract infection			
☐ stones			
☐ cancer			
☐ others			
Reproductive			
☐ dysmenorrhea			
☐ infection (cervicitis) (vaginitis)			
☐ abortion (spontaneous) (threatened)			
☐ hyperemesis gravidarium			
☐ uterine tumors			
☐ cervical polyp/cancer			
☐ ovarian cyst/tumors			

	Male	Female	Total
☐ std			
☐ hernia (inguinal)			
(femoral)			
☐ others			
Neuromuscular/Skeletal/Joints			
☐ peripheral neuritis			
☐ torticolitis			
☐ arthritis			
☐ others			
Lymphatics and Circulatory			
☐ anemia			
☐ leukemia			
☐ cerebrovascular accidents			
☐ lymphadenitis			
☐ lymphoma			
☐ others			
Infectious Diseases			
☐ influenza			
☐ typhoid/paratyphoid fever			
☐ cholera			
☐ measles			
☐ mumps			
☐ tetanus			
☐ malaria			
☐ schistosomiasis			
☐ herpes zoster			
☐ chicken pox			
☐ german measles			
☐ rabies			
☐ others			
TOTAL NUMBER			

b. Number of the following diseases due to physical environment

Due to noise and vibration			
☐ deafness (noise induced)			
☐ white fingers disease			
☐ musculoskeletal disturbances			
☐ fatigue			
☐ others			
Due to temperature and humidity abnormalities			
Hot temperature			
☐ heat strokes			
☐ heat cramps			
☐ dehydration			
☐ heat exhaustion			
☐ others			
Cold temperature			
☐ chilblain			
☐ frostbite			
☐ immersion foot			
☐ general hypothermia			
☐ others			

	Male	Female	Total
Due to pressure abnormalities			
☐ decompression sickness			
air embolism			
bends disease			
☐ barotrauma			
☐ hypoxia			
☐ altitude sickness			
Due to radiation			
☐ cataracts			
☐ keratitis			
☐ burns			
☐ radiation-related cancers			
TOTAL NUMBER			

Report of Occupational Accidents/Injuries

	Male	Female	Total
Contusion, bruises, hematoma			
Abrasions			
Cuts, lacerations, punctures			
Concussion			
Avulsion			
Amputation, loss of body parts			
Crushing injuries			
Spinal injuries			
Cranial injuries			
Sprains			
Dislocations/fractures			
Burns			

Immunization Program (indicate number immunized)

	Male	Female	Total
☐ Tetanus toxoid injection			
☐ Tetanus antitoxin injection			
☐ Tetanus globulin injection			
☐ Hepatitis B vaccine			
☐ Rabies vaccine			
☐ Others (specify)			

Keeping of Medical Records of Workers

☐ done ☐ not done

Health Education and Counselling by Health and Safety Personnel (check one or more)

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

Other Health Programs

- ☐ nutrition program
- ☐ maternal and child care program
- ☐ family planning program
- ☐ mental health activities
- ☐ personal health maintenance
- ☐ sports activities
- ☐ others; Specify: _____

Hazards in the Workplace

	Sources/substances	Number of workers exposed
a. Chemical hazards		
☐ dust (e.g. Silica dust)		
☐ liquids (e.g. Mercury)		
☐ mist/fumes/vapors		
☐ gas (e.g CO, H_2S)		
☐ others; Specify:		
b. Physical hazards		
☐ noise		
☐ temperature/humidity		
☐ pressure		
☐ illumination		
☐ radiation/uv/microwave		
☐ vibration		
☐ others; Specify:		
c. Biological hazards		
☐ viral		
☐ bacterial		
☐ fungal		
☐ parasitic		
☐ others; Specify:		
d. Ergonomic stress		
☐ exhausting physical work		
☐ prolonged standing		
☐ low back pain		
☐ unfavorable work posture		
☐ static/monotonous work		
☐ others; Specify:		

We hereby certify on our honor to the accuracy and completeness of the foregoing information.

_____ Highest Medical Personnel

_____ General Manager/Employer

Date: _____