

Republic of the Philippines  
Department of Labor and Employment  
Regional Office No. IV  
Quezon City

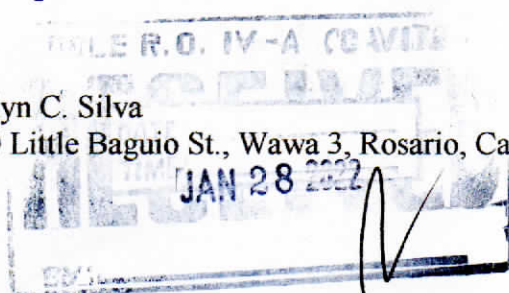
**ANNUAL MEDICAL REPORT FORM**

For Period January 1, 2021 to December 31, 2021

1. Name of Establishment : **OMON GROUP INC.**  
2. Address : Block 16 East Avenue Phase 4 Cavite Economic Zone,  
Rosario, Cavite 4106  
3. Name of Owner : MS. XINMEI ZHAO  
4. Nature of Business : Logistics Service Enterprise and Export Enterprise  
5. Number of Employees : 67 Number of Shift : 1  
6. Distribution of Employees as to nature / workplace, sex and work shift :

	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift
Male	23	-	-
Female	44		
Total	67		

7. Preventive Occupational Health Services :
- a. Occupational health services is organized / provided by:
- ( / ) the establishment / undertaking  
( ) government authority / institution  
( ) other bodies / group / institution (specify)
- b. Occupational health services as described under 7a above, is organized / provided as a services :
- ( ) 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 : Thursday D. Belita/ Safety Officer  
Address : Cuevas Subd Brgy Tejeros Convention, Rosario, Cavite
- ( / ) Occupational health physician  
Name : c/o Prima Care Medical Laboratory & Polyclinic  
Address : Ground Floor Rosario Commercial Center,  
Tejeros Convention, Rosario, Cavite 4107
- ( ) Occupational health dentist  
Name :  
Address :
- ( / ) Occupational health nurse  
Name : Jesalyn C. Silva  
Address : 2070 Little Baguio St., Wawa 3, Rosario, Cavite



- ( ) once every month  
( ) once every two months  
( ) once every three months  
( / ) once every six months  
( ) other details

## 8. Emergency Occupational Health Services :

- a. The employer provides a treatment room / medical clinic in the workplace with medicines and facilities :

- (   /   )      yes  
(       )      no  
(       )      others, please specify

- b. Schedule of attendance in the workplace:

		Workshift
Occupational health physician	:	hrs. /day
Occupational health dentist	:	hrs. /day
Occupational health practitioner	:	8 hrs. /day
Occupational health nurse	:	8 hrs/day

- c. Schedule of attendance of full time first aider

- (   /   )      1<sup>st</sup> workshift  
(   /   )      2<sup>nd</sup> workshift  
(   /   )      3<sup>rd</sup> 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

## 9. 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 Examination	Urinalysis	X-rays
1 Pre-placement	17	17	17
2 Periodic	58	58	58
3 Return to work			
4 Transfer			
5 Special			
6 Separation			

	Stool Exam	Blood Test	ECG	Others
1 Pre-placement	17	17		
2 Periodic	58	58	23	
3 Return to work				
4 Transfer				
5 Special				
6 Separation				

10. Report of Diseases

a. Number of consultation / treatment for the following diseases

	Male	Female	Total Number cases
<b>Skin:</b>			
( / ) Allergy		1	1
( ) Dermatoses			
( ) Infection as folliculitis			
( ) Abscess/Parenchyma			
( ) Fungal Infection			
<b>Head :</b>			
( ) Tension headache			
( ) Others			
<b>Eye:</b>			
( / ) Error of refraction	2	7	9
( / ) Bacterial / Viral Conjunctivitis	1		1
( ) Cataract			
( ) Poor Vision			
<b>Mouth &amp; ENT:</b>			
( ) Gingivitis			
( ) Herpes Labiales/nasalis			
( ) Otitis Media/Externa			
( ) Deafness			
( ) Meniere's Syndrome/Vertigo			
( / ) Rhinitis/colds			
( ) Nasal Polyps			
( ) Sinusitis			
( ) Tonsillopharyngitis			
( ) Laryngitis			
( / ) Other (dental caries)	11	13	24
(ear perforation)	1	1	2
<b>Respiratory:</b>			
( ) Bronchitis			
( / ) Bronchial Asthma	1	1	2
( ) Pneumonia			
( ) Tuberculosis			
( ) Pneumoconiosis			
( ) Others (Pneumonitis)	1		1

# Heart and Blood Vessel:

( / )	Hypertension	2	5	7
( )	Hypotension			
( )	Angina Pectoris			
( )	Myocardial Infraction			
( )	Vascular disturbances in extremities due to continuous vibration			

Male

Female

Total  
Number  
Cases

# Gastrointestinal:

( / )	Gastroenteritis/Diarrhea	1	1	2
( )	Amoebiasis			
( / )	Gastritis/Hyperacidity		3	3
( )	Appendicitis			
( )	Infectious Hepatitis			
( )	Liver Cirrhosis			
( )	Hepatic Abscess			
( )	Cancer (Hepatic/Gastric)			
( )	Ulcer			
( / )	Others (Hemorrhoids)		9	9

# Genito Urinary:

( / )	Urinary Tract Infection	3	9	12
( )	Stones			
( )	Cancer			
( / )	Others (Glycosuria)	4	4	8

# Reproductive:

( / )	Dysmenorrhea		2	2
( )	Infection (Cervicitis) (Vaginitis)			
( )	Abortion (Spontaneous) (Threatened)			
( )	Hyperemesis Gravidarum			
( )	Uterine Tumors			
( )	Cervical Polyp/Cancer			
( )	Ovarian Cyst/Tumors			
( )	Sexually Transmitted Diseases			
( )	Hernia (Inguinal) (Femoral)			
( )	Others (Breast Mass)			

# Nueromuscular/Skeletal/Joints:

( )	Peripheral Neuritis			
( )	Torticollis			
( )	Arthritis			
( )	Others			

### Lymphatics and Circulatory:

( )	Anemia			
( )	Leukemia			
( )	Cerebrovascular Accidents			
( )	Lymphadenitis			
( )	Lymphoma			
( / )	Others			
	Leukopenia	2	5	7
	Leukocytosis		2	2
	Erythrocytosis		1	1

### Infectious Diseases:

( )	Influenza
( )	Typhoid/Paratyphoid Fever
( )	Cholera
( )	Measles
( )	Mumps
( )	Tetanus
( )	Malaria
( )	Schistosomiasis
( )	Herpes Zoster
( )	Chicken Pox
( )	German Measles
( )	Rabies
( )	Others dengue

### Diseases Due to Physical Environment:

#### a. Diseases Due to Noise and Vibration

( )	Deafness (noise induced)
( )	White Finger Disease
( )	Musculo-skeletal disturbances
( )	Fatigue

#### b. Diseases Due to Temperature and Humidity Abnormalities:

	Hot Temperatures
( )	heat strokes
( )	heat cramps
( )	dehydration
( )	heat exhaustion
( )	others
	Cold Temperature
( )	chilblain
( )	frost bite
( )	immersion foot
( )	general hypothermia
( )	others

#### c. Diseases Due to Pressure Abnormalities

( )	Decompression Sickness
( )	Air embolism
( )	Bends diseases
( )	Barotrauma
( )	Hypoxia
( )	Altitude Sickness

#### d. Diseases Due to Radiation

(     )	Cataracts		
(     )	Keratitis		
(   /   )	Burns	1	1
(     )	Radiation related cancers		

<b>TOTAL NUMBER</b>	29	65	94
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#### 11. Report of Occupational Accidents / Injuries

Nature	Male	Female	Number of cases
Contussion, bruises, hermatoma			
Abrasions			
Cuts, lacerations, <u>punctures</u>			
Concussion			
Avulsion			
Amputation, loss of body parts			
Crushing injuries			
Spinal injuries			
Cranial injuries			
Sprains			
Dislocation / Fractures			
Burns			

#### 12. Immunization Program

Tetanus Toxoid Injection  
 Tetanus Antitoxin Injection  
 Tetanus Globulin Injection  
 Hepatitis B Vaccine  
 Others (please specify)

#### 13. Keeping of Medical Records of Workers (please marked)

(   /   )     done                      (     )     not done

#### 14. Health Education and Counselling by Health and Safety Personnel

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


#### 15. Other Health Program (please marked)

Kind of Program	Seminar	Use of Visual Aid / Materials	
Counseling			
Nutrition Program			
Maternal and Child Program			
Family Planning Program			
Mental Health Activities			
Personal Health Maintenance			
Physical Fitness Program			
Sports Activities	(   /   )     Yes	(     )	No
Others (please specify)	(   /   )     Yes	(     )	No

16. Hazards in the workplace (please marked and give details of the substance)

		Substance and/or sources	Number of workers exposed
<b>a. Chemical Hazards</b>			
( )	Dust (ex. Silica, dust)		
( / )	Liquids (ex. Mercury)	flux	2
( / )	Mists/fumes/vapors	tinning pot	2
( )	Gas (ex. CO, H <sub>2</sub> S)		
( )	Others (ex. Solvent)		
<b>b. Physical Hazards</b>			
( )	Noise		
( )	Temperature / humidity		
( )	Pressure		
( )	Illumination		
( )	Ultraviolet, infrared, microwave		
( )	Vibration		
( )	Others (please specify)		
<b>c. Biological Hazards</b>			
( )	Viral		
( )	Bacterial		
( )	Fungal		
( )	Parasitic		
( )	Others		
<b>d. Ergonomic Stress</b>			
( )	Exhausting physical work		
( )	Prolonged standing		
( )	Low back pain		
( )	Unfavorable work pressure		
( )	Static monotonous work		
( )	Others		

Prepared by:

  
**Ms. Jesalyn C. Silva, RN**  
 Company Nurse

Noted By:

  
**Ms. Ximeng Zhao**  
 CEO/ President

JAN 28 2012