



**Republic of the Philippines**  
**Department of Health**  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

**ASSESSMENT TOOL FOR LICENSING A**  
**MEDICAL FACILITY FOR OVERSEAS WORKERS AND SEAFARERS**

**I. FACILITY INFORMATION**

Name of Medical Facility: \_\_\_\_\_

Complete Address : \_\_\_\_\_

No. & Street Barangay

City/Municipality Province Region

Contact Number : \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Owner/Corporation : \_\_\_\_\_

Name of Medical Director : \_\_\_\_\_

Latest DOH Accreditation Number (if renewal): \_\_\_\_\_

Classification:  Regular Medical Facility  Special Medical Facility

For Seafarers

For Land-based Workers

Certification:  PCAHO  ISO (Specify DOH-recognized Certifying

Expiry Date: \_\_\_\_\_ Body): \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**II. TECHNICAL REQUIREMENTS**

Instruction: In the appropriate box, place a check mark (√) if the medical facility for overseas workers and seafarers (MFOWS) is compliant or x mark (X) if it is not compliant.

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
<b>A. PERSONNEL</b>		
Every MFOW shall have an adequate number of qualified, trained, and competent staff to ensure efficient and effective delivery of the clinic's services.		
<b>ORGANIZATIONAL CHART</b>		
The organizational chart shall be clearly structured indicating the name and designation of all personnel with corresponding picture, and reflecting lines of authority, accountability, communication, inter-relationships, hierarchy of functions and flow of referrals.		
<b>201 Files of Personnel</b>		
Resume		
Duties and Responsibilities		
Notarized Contract of Employment		
Certificate of Trainings		
PRC ID (If applicable)		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
<b>Medical Director</b> The medical facility shall be managed and headed by a licensed, qualified and trained physician.		
<b>Quality Management Representative (QMR)/Quality Assurance Officer</b> The QMR shall oversee the entire quality performance of the clinic.  Name of QMR: _____		
<b>Examining Physician</b>		
One male and one female		
At least 2 years in active practice		
Registered Nurse		
Licensed Dentist		
Registered Medical Technologist		
HIV Proficient		
Registered Psychologist		
Registered Psychometrician		
X-ray Technologist		
<b>Optometrist</b> (for facilities with more than 50 applicants per day)		
Receptionist/clerk		
Cashier		
<b>Retainer Specialist</b> One Pathologist		
One Radiologist		
<b>Affiliated Specialists</b> Cardiologist		
Endocrinologist		
Gastroenterologist		
General Surgeon		
Hematologist (in areas where they are present)		
Infectious Disease Specialist		
Nephrologist		
Ophthalmologist		
Otorhinolaryngologist		
Urologist		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
Continuing program on staff development and training Proof of training through relevant certificates, memos, written reports, budgetary allocation, etc.		
<b>B. PHYSICAL FACILITIES</b> <b>The medical facility has adequate space for conduct of its activities.</b>		
Approved Permit to Construct		
Approved Floor Plan		
Business Permit		
Adequately ventilated, well-lighted, clean, safe, and functional based on the services it provides.		
Program for the proper maintenance and monitoring of physical plant and facilities		
Program for proper disposal of waste and hazardous infectious substances shall conform to the standards set by the DOH		
shall have documented procedures/processes		
<b>C. EQUIPMENT</b> <b>There is an adequate number of operational equipment to provide the procedures within the facility.</b>		
Audiometer (for sea-based)		
Automated Hematology Analyzer		
Clinical scale with height and weight measurement		
Dental unit and chair with basic instruments		
Digital imaging		
ECG machine		
EENT diagnostic set/s		
Enzyme Linked Immunosorbent Assay (ELISA) machine		
Examining light/s		
Examining table/s		
Ishihara testing material		
Jaeger's chart		
Sphygmomanometer/s		
Psychological Test Materials (Specify the battery of psychological tests being utilized)		
Snellen's Chart		
Stethoscope/s		
Urine Strip Reader (at least 10 parameters)		
Program for calibration, preventive maintenance, and repair for the equipment Record of schedule of calibration and maintenance of equipment		
Record of reports of preventive maintenance and repair		
Documented contingency plan in case of equipment breakdown		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
<b>D. STANDARD OPERATING PROCEDURES</b> The clinic shall have a Manual of Operations containing documented policies, protocols, guidelines in the operation, and maintenance of the medical facility.		
<b>Administrative Policies and Procedures</b>		
Policies for hiring, orientation and promotion for all levels of personnel		
Policies for discipline, suspension, demotion, and termination of all personnel at all levels		
Policies and procedures in the maintenance of the medical facility		
Policies and procedures on Point of Care Testing (if hospital- based)		
<b>Technical Procedures</b>		
There shall be technical procedures for the services provided in each section of the medical facility.		
Complete history taking and physical Examination		
Dental examination		
Visual acuity and color perception		
Audiometry (for seafarers)		
Electrocardiogram		
Chest x-ray		
Laboratory		
Psychological Testing		
There shall be policies and procedures for pre- and post- HIV test counseling		
There shall be policies and procedures for referral of equivocal examinations for review by the Adhoc Medical Arbitrator Committee		
<b>Records Management</b>		
There shall be a system of communication, reporting and recording of results of examinations.		
Procedures for reporting and recording the results of examinations following the flow of PEME		
Policies and procedures on access to and confidentiality of applicant's information		
Procedures for the retention and disposal of records which follows the standards promulgated by the Department of Health		

STANDARDS AND REQUIREMENTS	COMPLIANT	REMARKS
<b>E. RECORDS/FILES</b> The medical facility shall follow the template of the Certificates of PEME both for Land-based Workers and Seafarers		
Monthly reports utilizing the BHFS prescribed format on the following: Statistical Report on PEME		
Statistical Report on Selected Laboratory Tests		
Annual Report on Cases of Repatriation		
Master Logbook duly registered and stamped by BHFS		
File of DOH audit reports		
<b>F. QUALITY IMPROVEMENT ACTIVITIES</b> The medical facility shall have policies and procedures on Quality Assurance Program (QAP) and Continuous Quality Improvement (CQI) reviewed periodically.		
Client Satisfaction Survey (e.g. comments, feedback)		
Records of complaints, adverse events		
Corrective actions taken		
Management meetings (with minutes of meetings)		
Results/findings of quality assurance audits/assessments		



**Republic of the Philippines  
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Name of Health Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**RECOMMENDATIONS:**

**A. For Licensing Process:**

For issuance of Certificate of Accreditation as Medical Facility for Overseas Workers and Seafarers.

Classification: \_\_\_\_\_

Validity from \_\_\_\_\_ to \_\_\_\_\_

Issuance depends upon compliance to the recommendations given and submission of the following within \_\_\_\_\_ days from the date of inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-Issuance: Specify reason/s. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspected by:**

Printed Name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Designation \_\_\_\_\_

Date \_\_\_\_\_



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Name of Health Facility: \_\_\_\_\_

Date of Monitoring: \_\_\_\_\_

**RECOMMENDATIONS:**

**B. For Monitoring Process:**

Issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-issuance of Notice of Violation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others (Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Monitored by:**

Printed Name

Signature

Position/Designation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by:**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Designation \_\_\_\_\_

Date \_\_\_\_\_