



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 15, 2018

DEPARTMENT CIRCULAR

No. 2018 - 0445

TO: ALL MEDICAL DIRECTORS OF MEDICAL FACILITIES FOR OVERSEAS WORKERS AND SEAFARERS (MFOWS) SERVING SEAFARERS OR SEABASED CLIENTS AND OTHERS CONCERNED

SUBJECT: Recognition of Authorized Medical Practitioners in the Issuance of Pre-Employment Medical Examination (PEME) Certificates for Seafarers

Regulation I/9 Medical Standards of the International Convention on Standards of Training, Certification and Watchkeeping (STCW) for Seafarers, 1978, as amended, states that each Party shall ensure that those responsible for assessing the medical fitness of seafarers are medical practitioners recognized by the Party for the purpose of seafarer medical examinations. Since the Philippines is an active Party to the aforementioned convention, the Department of Health (DOH) through the Health Facilities and Services Regulatory Bureau (HFSRB) hereby requires all Medical Facilities for Overseas Workers and Seafarers (MFOWS) serving seafarers or sea based clients to have all their Medical Practitioners/Physicians be recognized by the Department of Health.

The following are the requirements for the Recognition of Medical Practitioners:

1. Letter of intent from the MFOWS;
2. List of medical practitioners/physicians (using the prescribed template attached herein as Annex A);
3. Certified true copy (one set) of the following documents for **each** medical practitioner/physician listed:
 - a. Valid PRC ID
 - b. Notarized Contract of Employment or Appointment
 - c. Certificate of Attendance of One (1) day Maritime Occupational Safety and Health (MOSH) under DOLE Accredited Training Organization

Submission to DOH-HFSRB can be done through the following channels:

- a. walk-in submission at HFSRB
- b. via mail or courier
- c. via e-mail at hfsrb@doh.gov.ph

Any change in the list of recognized Medical Practitioners/Physicians of the MFOWS during the calendar year shall be reported to HFSRB within fifteen (15) days from the change in the MFOWS' roster (whether removal or addition of medical practitioners/physicians).

The MFOWS shall submit the following:

1. For removal of medical practitioners/physicians in the list
 - a. Cover letter
 - b. Filled up request form for delisting of medical practitioners/physicians (Annex B)

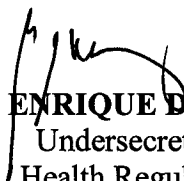
2. For addition of medical practitioners/physicians in the list
 - a. Cover letter
 - b. List of medical practitioners/physicians to be added (use Annex A)
 - c. Certified true copy (one set) of the following documents for **each** medical practitioner/physician listed for recognition:
 - i. Valid PRC ID
 - ii. Notarized Contract of Employment or Appointment
 - iii. Certificate of Attendance of One (1) day Maritime Occupational Safety and Health (MOSH) under DOLE Accredited Training Organization

The DOH shall not issue any form of document to the facilities or medical practitioners/physicians as proof of recognition but shall maintain an official list of recognized medical practitioners/physicians in the website of HFSRB which shall be accessible to the public. The DOH's list of recognized medical practitioners/physicians shall also serve as a reference for the Philippine's Maritime Industry Authority (MARINA).

Deadline of submission by existing DOH accredited MFOWS shall be on **November 15, 2018**. Requirements for the recognition of medical practitioners/physicians of newly DOH accredited MFOWS shall be submitted to HFSRB within thirty (30) days from the issuance of the Certificate of Accreditation as MFOWS.

For strict compliance.

By Authority of the Secretary of Health:


ROLANDO ENRIQUE D. DOMINGO, M.D., DPBO
Undersecretary of Health
Health Regulations Cluster

[Official header of the Medical Facility for Overseas Workers and Seafarers may be inserted]

LIST OF MEDICAL PRACTITIONERS/PHYSICIANS FOR RECOGNITION

Name of Medical Facility for Overseas Workers and Seafarers:	
Complete Address:	
Contact Number/s:	
Name of Medical Director:	

COMPLETE NAMES OF MEDICAL PRACTITIONERS	PRC ID NUMBER	VALID UNTIL (DATE)	CONTACT NUMBERS/S
1.			
2.			
3.			
4.			
5.			

**Note: Additional rows may be added*

Prepared by:

Approved by:

Signature over Printed Name

Signature over Printed Name of Medical Director

Date Signed: _____

Date Signed: _____

**REQUEST FORM FOR DELISTING OF MEDICAL
PRACTITIONERS/PHYSICIANS**

Name of Medical Facility for Overseas Workers and Seafarers:	
Complete Address:	
Contact Number/s:	
Name of Medical Director:	

COMPLETE NAMES OF MEDICAL PRACTITIONERS FOR DELISTING	PRC ID NUMBER	DATE OF TERMINATION OF SERVICE
1.		
2.		
3.		
4.		
5.		

**Note: Additional rows may be added*

Prepared by:

Signature over Printed Name

Date Signed: _____

Approved by:

Signature over Printed Name of Medical Director

Date Signed: _____