

QFU 3.0

PREPARED BY: Marilar F. De Guzman, MD QAM EFFECTIVITY DATE:
April 27, 2018
REVISION NO.: 9

APPROVED BY: Glennda E. Canlas, MD Medical Director

SUBJECT: PHYSICAL EXAMINATION PROCEDURE

OBJECTIVE

To ensure that all rush patients for PEME are prioritized and facilitated within the day.

To ensure that all medical findings are encoded in the patient's data after examining each patient

To accomplish a comprehensive medical history and physical examination on all patients for PEME not more than 15 minutes.

To ensure 80% punctuality in attendance per month.

SCOPE

This procedure applies to all patients referred for pre – employment, post medical, screening and out patient examination/consultations.

3.0 DEFINITION

None

RESPONSIBILITY AND AUTHORITY

The Department Head assigned to this unit is responsible for overseeing all aspects of this procedure.

The Examining Physician ensures that no patient is repatriated due to a faulty medical examination.

The Examining Physician shall ensure the accuracy of medical and occupational history being taken.

The Examining Physician is responsible for performing a comprehensive/thorough physical examination of seafarers for pre-employment medical examination, screening, and out patient consultations.

The Examining Physician ensures that the encoded medical information of the patient examined is precise.

The Examining Physician should ensure that the patient being examined is the same patient referred by the Company for PEME.



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Performs other tasks as the need arises e.g. post medical examination and report writing in the absence of the post medical doctor

The History Nurse shall ensure the accuracy of medical history being taken.

The History Nurse is responsible for performing an accurate vital signs taking of seafarers, for pre-employment medical examination and screening.

The History Nurse should ensure that the patient being interviewed is the same patient referred by the Company for PEME.

REFERENCES

Diagnostic set manual
PE Quality Manual
Work Instructional Manual

POLICIES

Patient's identification must be verified before conducting the examination.

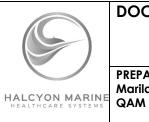
All PEME findings should be encoded after examining each patient.

RUSH patients must be prioritized and facilitated within the day.

Examining Physicians must be trained in both the processing and follow up departments.

If the patient load is low Examining Physicians may aid in the follow up consultation of pending patients.

Examining Physicians may prescribe medications for minor medical conditions e.g. otitis externa, upper respiratory tract infection, urticaria, dermatitis, skin infections, tinea versicolor etc.



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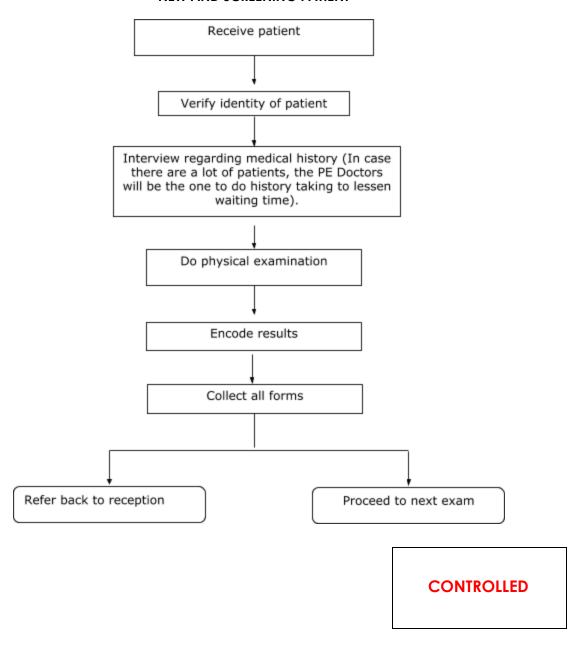
PREPARED BY: Marilar F. De Guzman, MD APPROVED BY:

Glennda E. Canlas, MD Medical Director

SUBJECT: PHYSICAL EXAMINATION PROCEDURE

SYSTEM TICKETING PROCEDURE (PHYSICAL EXAMINATION)

NEW AND SCREENING PATIENT





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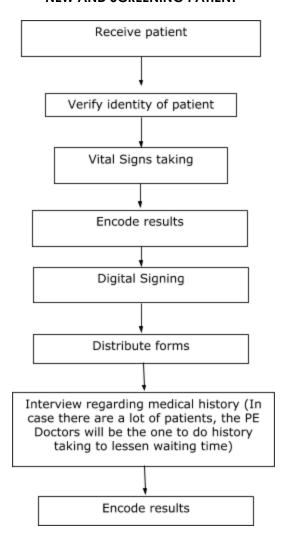
APPROVED BY:

Glennda E. Canlas, MD Medical Director

SUBJECT: PHYSICAL EXAMINATION PROCEDURE

SYSTEM TICKETING PROCEDURE (HISTORY AND VITAL SIGNS TAKING)

NEW AND SCREENING PATIENT





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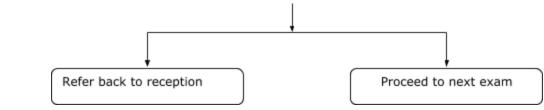
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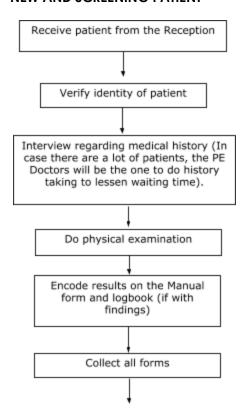
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MANUAL PROCEDURE (PHYSICAL EXAMINATION)

NEW AND SCREENING PATIENT





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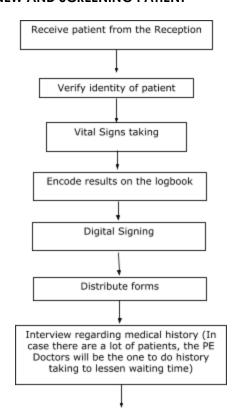
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SUBJECT: PHYSICAL EXAMINATION PROCEDURE

Refer back to reception

MANUAL PROCEDURE (HISTORY AND VITAL SIGNS TAKING)

NEW AND SCREENING PATIENT





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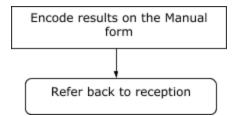
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7.0 LIST OF FORMS

Prescription
Referral Forms
Form for Manual Procedure
Disclaimer and waiver