

REVISED STANDARD MEDICAL EXAMINATION FEES FOR OVERSEAS WORKERS AND SEAFARERS

POEA MEMORANDUM CIRCULAR NO. 48 s. 1990, September 20, 1991

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For your information and guidance, we are quoting hereunder Bureau Circular no. 1, Series of 1990, dated 18 June 1990 of the Bureau of Licensing and Regulation, Department of Health, which is self-explanatory.

"As provided for under Section II of Administrative Order No. 85-A series 1990 which is the "Revised Rules and Regulations Governing Accreditation of Medical Clinics and the Conduct of Medical Examination for Overseas Workers and Seafarers" all medical clinics and hospitals are enjoined to follow strictly the herein schedule of fees prescribed by the Bureau of Licensing and Regulation, Department of Health. These fees should be followed in charging the overseas workers seafarers, agency of company.

To ensure quality of medical examination rates should not go lower than this schedule. Giving of rebates or charging lower than these prescribed rates shall be considered a violation under Section 25.1 of the rules and regulations which shall be dealt with severely.

The cost of the basic pre-employment medical examination shall be P250.00. It will include the following examinations:

- Complete physical examination
- Chest X-ray using plates not smaller than 11" x 14"
- Complete blood count (CBC) including hemoglobin determination
- Blood typing (ABO)
- Urinalysis
- Stool examination
- Psychometric evaluation

For the seafarers, in addition to all of the above examinations Ishihara tests for color perception and audiometry, among others are required for specific personnel. These test have separate rates which should be charged in addition to the basic examination rates.

Hereunder is the list of special examination to be charged separately from the basic medical examination:

EXAMINATION

Rates

1. Ishirara Test

P 25.00

2. Audiogram

80.00

3. E C G

120.00

4. F B S

70.00

5. Other Laboratory Test

a) V D R L

80.00

b) Pregnancy Test (urine)

60.00

c) Uric Acid

70.00

d) Erythrocyte Sedimentation

30.00

e) Malarial Smear

40.00

f) Sputum Examination for AFB

60.00

g) Gram Stain

40.00

6. Smear

a) Paps Smear (cytology)

100.00

b) Urethral (Gram Stain)

40.00

7. HIV/AIDS Test

400.00

8. HEPA-B Surface Antigen Test

100.00

9. Dental Treatment (Optional)

a) Dental Extraction

60.00

b) Dental Filling

1. Temporary Filling

60.00

2. Permanent Filling

100.00

a) Amalgam

70.00

b) Adaptic

90.00

This schedule of fees shall take effect immediately.

Please be guided accordingly.

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