



PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA!"

Member : World Medical Association (WMA)
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)
Medical Association of Southeast Asian Nations (MASEAN)
Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
Telephone Numbers: (632) 929-7361; 929-6366; 926-2447 Fax: (632) 929-6951
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Website: www.philippinemedicalassociation.org

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Caraga

MEMORANDUM CIRCULAR NO: 2018-08-20-019

**TO : ALL COMPONENT MEDICAL SOCIETIES, SPECIALTY
DIVISIONS, SPECIALTY AND AFFILIATE SOCIETIES**

SUBJECT : MUTUAL AID DISABILITY NOTIFICATION FORM

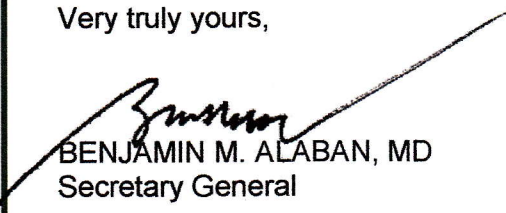
DATE : AUGUST 20, 2018


Greetings from the Philippine Medical Association!

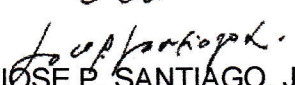
Upon recommendation of the Commission on Mutual Aid through its Chairman, Dr. Enrico C. Ignacio, the PMA Board of Governors during its meeting held August 18, 2018 has approved the Disability Notification Form. This will be submitted to PMA by the members through their component societies once they claim for disability benefit.

A downloadable form will likewise be posted in the PMA Website.

Very truly yours,


BENJAMIN M. ALABAN, MD
Secretary General

Noted: 


JOSE P. SANTIAGO, JR., MD
President

/cvs



PHILIPPINE MEDICAL ASSOCIATION
Commission On Mutual Aid
DISABILITY NOTIFICATION FORM

PMA MEMBER'S NOTIFICATION

Name of Member:	Date:
Address:	PRC Number:
Contact Number:	PMA Number:
Email Address:	

This is to inform PMA that I am/was confined/indisposed on the dates indicated herein. I certify that I consent to release the following medical information as provided for by my attending physician and other attending doctors as I request for my disability benefits from the PMA.

PMA Member's Printed Name and Signature: _____

ATTENDING PHYSICIAN'S CERTIFICATION

(To be filled by the Attending Physician) Date: _____
 THIS IS TO CERTIFY THAT I HAVE EXAMINED AND/OR ATTENDED TO THE ABOVE-NAMED PMA MEMBER WITH THE FOLLOWING DETAILS:

Date Examined/ Attended		Number of Days of Confinement:	
Place of Confinement:			
Diagnosis:			
Nature of Disability: <input type="checkbox"/> Vision Impairment. <input type="checkbox"/> Deafness/hearing impairment. <input type="checkbox"/> Mental health impairment <input type="checkbox"/> Acquired brain Injury <input type="checkbox"/> Physical disability <input type="checkbox"/> Others: Specify: <u>e.g. Cancer</u> _____ _____	Nature of Treatment/ Treatment Required: <input type="checkbox"/> Medical Management <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Others: Specify: _____ _____	Duration of Disability: _____ Duration of Treatment: _____	Will be fit to resume clinic/hospital practice on: _____ _____

Course of Disability: Course of illness upon discharge from the hospital (Please use extra sheet if necessary):

Printed Name and Signature of Attending Physician: _____
 Clinic Address: _____
 License Number: _____
 Contact Number: _____

COMPONENT SOCIETY ENDORSEMENT

Date Received: _____
 Checked by (Printed Name and Signature): _____
 Endorsed by(Printed Name and Signature) : _____
 Component Society: _____

SPECIFIC GUIDELINES FOR PERMANENT TOTAL AND PERMANENT PARTIAL DISABILITY

1. Permanent Total Disability – means complete incapacity of the member, resulting from bodily injury or disease which wholly prevents the member permanently to practice medicine as a profession.

Included are:

- Total and irrevocable loss of sight of both eyes
- Loss of 2 or more limbs by amputation at or above the wrists or ankles
- Loss of sight in one eye, loss of one limb by amputation at or above the wrist or ankle
- Chronic/Acute organ failure – secondary to an irreversible underlying disease with poor prognosis within 2 years
- Diseases of the brain with severe damage associated with permanent neurological deficit or loss of brain function

2. Permanent Partial Disability – means complete incapacity to practice medicine as a profession because of bodily injury or disease uninterrupted beyond 60 days.

Included are:

- Loss of one limb by amputation at or above the wrist or ankle
- Total and irrevocable loss of all sight in one eye
- Loss of thumb or index finger or either hand at or above the metacarpophalangeal joints
- Injury, disease or illness with chronic and progressive course causing physical/mental incapacity with poor prognosis beyond 2 years
- Brain disease with neurological deficits and loss of functions reversible beyond 60 days
- Vital organ failure, reversible beyond 60 days