20. MALARIA AND SCHISTOSOMIASIS.** All of the following conditions:

- (a) Clinical diagnosis consistent with signs and symptoms of malaria or schistosomiasis;
- (b) The place of work of employment has to be verified as a malarial or schistosomal work area.

21. PNEUMONIA. Any of the following: (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)

- (a) Pneumonia as a complication of a primary work-connected illness or injury (e.g. as a complication of an injury to the chest wall or with or without rib fracture that was sustained at work);
- (b) Pneumonia as a complication of chemical inhalation exposure such as among welders exposed to iron fumes;
- (c) Clinical diagnosis consistent with the signs and symptoms of pneumonia supported by diagnostic proof such as chest x-ray and/or microbiological studies (e.g. blood cultures).

22. HERNIA.** All of the following conditions:

- (a) The hernia should be of recent origin;
- (b) Its appearance was accompanied by pain, discoloration and evidence of a tearing of the tissues;
- (c) The disease was immediately preceded by undue or severe strain arising out of and in the course of employment;
- (d) A protrusion of mass should appear in the area immediately following the alleged strain.

23. OCCUPATIONAL ASTHMA (OA).** All of the following conditions: (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)

- (a) There was no past medical or clinical history of asthma before employment;
- (b) Clinical diagnosis consistent with signs and symptoms of Occupational Asthma and supported by diagnostic proof such as provocative inhalation challenge test, bronchodilator response on spirometry (FEV1), peak flow meter response and/or non-specific bronchial hyperresponsiveness (methacholine challenge test);
- (c) Workplace exposure to agents reported to give rise to Occupational Asthma as certified by the employer or by a competent medical practitioner/ institution acceptable to the System.

24. OSTEOARTHRITIS.** Any occupation involving: (a) joint strain from carrying heavy loads, or unduly heavy physical labor, as among laborers and mechanics; (b) minor or major injuries to the joint; (c) excessive or constant strenuous usage of a particular joint, as among sportsmen, particularly those who have engaged in the more active sports activities; (d) extreme temperature changes (humidity, heat and cold exposures); and (e) faulty work posture or use of vibratory tools.

25. VIRAL ENCEPHALITIS.** Any occupation involving: (a) contact with an infected person, as in areas of poor sanitation, with high density of schoolchildren, who are the most frequent virus carriers; (b) rural exposure, primarily in pharmacies, contact activities, fishing or hunting in, or adjacent to, woods or subtropical vegetation, or as among agricultural or forest workers; and (c) contact with other sources of infection, such as birds and animals, as among veterinarians and abattoir workers.

26. HERPES ZOSTER.** Any occupation involving: (a) prolonged emotional, or physical stress, as among professional people, transport workers and the like.

27. TUBERCULOSIS (PULMONARY AND EXTRAPULMONARY).***** (As amended by B.R. No. 31-11-29, s. 2011, approved on 28 November 2011)

- (a) Clinical diagnosis consistent with signs and symptoms of tuberculosis infection; the disease is confirmed by: (i) symptoms compatible with tuberculosis infection and supported by diagnostic proof such as chest x-ray; (ii) isolation of Mycobacterium tuberculosis from sputum or other body fluids; (iii) increased specific tuberculin test or by any other appropriate diagnostic tests such as chest x-ray or computer tomography (CT) scan and lung function test or positron emission tomography (PET), magnetic resonance imaging (MRI), biomarkers, historical findings; (iv) latency period of 10 years or more unless proven otherwise.

28. VIRAL HEPATITIS.*** In addition to working conditions already listed under P.D. 626, as amended, any occupation involving: exposure to a source of infection through ingestion of water, milk, or other foods contaminated with hepatitis virus; provided that the physician determines the causal relationship between the employment and the illness should be able to indicate whether the disease of the afflicted worker manifested itself while he/she was so employed, knowing the incubation period thereof.

29. ESSENTIAL HYPERTENSION.***** (As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011) Hypertension classified as primary or essential is considered compensable if it causes impairment of function of body organs like kidneys, heart, eyes and brain, resulting in any kind of disability; subject to the submission of any of the following:

- (a) chest x-ray report, (b) ECG report (c) blood chemistry report, (d) fundoscopy report, (e) Ophthalmological evaluation, (f) C-T scan; (g) MRI; (h) MRI; (i) 2-D echo, (j) kidney ultrasound, and (k) BP monitoring report.

30. ASBESTOS-RELATED DISEASES (ARD).***** (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)

- i. Asbestosis
- ii. Benign Asbestos-related Pleural Disease
- iii. Asbestos-related Malignancy:
  - 1. Lung Cancer
  - 2. Mesothelioma

All of the following conditions:

- (a) The employee must have been exposed for a prolonged/ sufficient duration to dust in the workplace, as duly certified by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with the signs and symptoms of ARD and supported by any appropriate diagnostic tests such as x-ray or computer tomography (CT) scan and lung function test or positron emission tomography (PET), magnetic resonance imaging (MRI), biomarkers, historical findings;
- (c) Latency period of 10 years or more unless proven otherwise;
- (d) Except for lung cancer and mesothelioma, ARD must be accompanied with impaired lung function for compensation.

31. HYPERSENSITIVITY PNEUMONIITIS.*****

i. Bagassosis
ii. Farmer’s Lung Disease
iii. Bird Fancier’s Disease (Psitacosis)
iv. Others as listed in the guidelines

All of the following conditions:

- (a) The employee must have been exposed for a prolonged/ sufficient duration to an offending agent or antigen known to cause the disease in the workplace, as duly certified by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with signs and symptoms of hypersensitivity pneumonitis and impairment of lung function supported by diagnostic tests such as x-ray or computer tomography (CT) scan, lung function test, bronchoalveolar lavage fluid (BALF) analysis, and/or other appropriate immunological tests;
- (c) Latency period of 10 years or more unless proven otherwise.

32. BYSSINOSIS(cotton dust).***** All of the following conditions:

- (a) The employee must have been exposed for a prolonged/ sufficient duration to cotton dust in the workplace, as certified by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with signs and symptoms of Byssinosis and impairment of lung function supported by diagnostic tests such as: x-ray, computer tomography, (CT) scan, lung function test, bronchoalveolar lavage, (BALF) analysis, and/or other appropriate immunological tests.
OCCUPATIONAL/WORK-RELATED DISEASES WITH CONDITIONS

As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011

For an occupational disease and the resulting disability or death to be compensable, all of the following conditions must be satisfied:

1. The employee's work and/or the work conditions must have involved a risk that caused the development of the illness.
2. The employee was examined by an employer's medical practitioner or an accredited medical practitioner within the prescribed period of the exposure.
3. The disease was contracted as a result of the employee's exposure to the described risk.
4. There was no deliberate act on the part of the employee to disregard the safety measures or ignore established warning or precaution.
5. The employer shall provide adequate protection and safety devices shall be subject to the penalty imposed by Article 200 of the Code where he has provided adequate protection and safety devices for the employees who have been continuously exposed to occupational disease and take such other measures as may be necessary pursuant to Rule II, Section 2 (b) of the implementing Rules of P.D. 626, as amended.

The employer shall provide data such as work environment measurement reports on health hazards and other information that may be deemed necessary by the Systems or Commission in the determination of causal relationship between the injury or occupational disease and the worker's work and his disability or death.

The employer in consultation with the union whenever applicable shall implement OSH and wellness programs such as physical fitness program, healthy nutrition program, stress management program and other programs required by existing legislation, guidelines and issuances to prevent occupational and work-related diseases. The employer shall include information and advocacy of PD 626 in OSH programs and support the employee deserving of compensation and rehabilitation benefits.

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3. The disease was contracted as a result of the employee's exposure to the described risk.
4. There was no deliberate act on the part of the employee to disregard the safety measures or ignore established warning or precaution.
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2. Cancer of the bone.
3. Cataract produced by exposure to the glare of, or rays from the sun. This means the condition is due to negligence.
4. Deafness.
5. Dermatitis due to irritants and sensitizers.
6. Deafness among furnace men, glass blowers, bakers, blacksmiths, foundry workers.
7. Diabetes mellitus.
8. Insomnia due to excessive noise.

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