



Occupational and Work-Related Diseases

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 working conditions must involve risk/s that caused the development of the illness;
- (2) The disease was contracted as a result of the employee's exposure to the described risks;
- (3) The disease was contracted within a period of exposure and under such other factors necessary to contract it;
- (4) There was no deliberate act on the part of the employee to disregard the safety measures or ignore established warning or precaution;

The employer shall require pre-employment examination of all prospective employees; provide periodic medical examination to employees who are exposed to occupational disease and take such other measures as may be necessary pursuant to Rule III, Section 2 (b) of the

implementing Rules of PD 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 employee'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 OHS programs and support the employee deserving of compensation and rehabilitation benefits.

The employer who has failed to provide adequate protection and safety devices shall be subject to the penalty imposed by Article 206 [200] of the Labor Code.

Occupational and Work-Related Diseases	Nature of Employment
1. Cancer of the epithelial lining of the bladder. (Papilloma of the bladder).	Work involving exposure to alphanaphthylamine, beta-naphthylamin or benzidine or any part of the salts; and auramine or magenta.
2. Cancer, epithellomatous or ulceration of the skin or of the corneal surface of the eye due to tar, pitch, bitumen, mineral oil or paraffin, or any compound product or residue of any of these substances.	The use of handling of, or exposure to tar; pitch, bitumen, mineral oil (including paraffin) soot or any compound product or residue of any of these substances.
3. Cataract produced by exposure to the glare of, or rays from molten glass or molten or red hot metal.	Frequent and prolonged exposure to the glare of or rays from molten glass or red hot metal.
4. Occupational Hearing Loss (a) Noise Induced Hearing Loss (NIHL) is characterized as progressive sensorineural hearing loss that is usually bilateral, permanent/irreversible and affecting the 3000 to 6000 Hz level but commonly affects and is worst at the 4000 Hz level. Contingencies wherein direct damage to the eardrum or inner ear are caused by the working activity. (b) Acoustic Trauma results in a conductive or mixed type of hearing loss (c) Physical Trauma can present as mixed type of hearing loss <i>(Approved under Board Resolution No. 14-10-32, s. 2014, October 8, 2014)</i>	Exposure in the workplace to harmful noise levels in the higher frequencies. Exposure in the workplace to sudden burst of sound such as an explosive blast. Physical trauma sustained at work such as but not limited to motor vehicle accidents, blunt head trauma, falls, explosions, burns from caustic chemicals, open flames or welder's slag that enter the ear canal.
5. Decompression sickness (a) Caissons disease (b) Aeroembolism	Any process carried on in compressed or rarefied air. Any process carried on in rarefied air.
6. Dermatitis due to irritants and sensitizers	The use or handling of chemical agents which are skin irritants and sensitizers.
7. Infections (a) Anthrax (b) Brucellosis (c) Glanders (d) Rabies (e) Tuberculosis (f) Tularemia (g) Weill's disease (h) Q. Fever or equine encephalomyelitis (l) Mite dermatitis	Work in connection with animals infected with anthrax, handling of animal carcasses or parts of such carcasses including hides, hoofs, and horns. Any occupation involving handling of contaminated food and drink particularly milk, butter and cheese of infected goats and cows. Any occupation involving rabid dogs, or equine animals or carcasses. Any occupation involving rabid dogs. <i>(Refer to No. 27 of this list)</i> Any occupation involving handling of rabbits, ground squirrels, mice or other rodents. Any occupation involving handling of rats, mice, swine and dogs. Any occupation, involving handling of horses, cattle and sheep, or their slaughter and meat packing. Any occupation involving handling of owls or pigeons.

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<p>8. Ionizing radiation disease, inflammation, ulceration or malignant disease of skin or subcutaneous tissues of the bones or leukemia, or anemia of the aplastic type due to x-rays, ionizing particle, radium or other radioactive substances.</p> <p>(a) Acute radiation syndrome</p> <p>(b) Chronic radiation syndrome</p> <p>(c) Glass Blower's cataract</p>	<p>Exposure to X-rays, ionizing particles of radium or other radioactive substances or other forms of radiant energy.</p> <p>Short duration of exposure to large doses of X-rays, gamma rays, alpha rays and beta rays.</p> <p>Chronic over-exposure to X-rays with a long latent period affecting the skin, blood and reproductive organ.</p> <p>Among furnace men, glass blowers, baker, blacksmith, foundry workers. These are workers exposed to infrared rays.</p>
<p>9. Poisoning and its sequelae caused by:</p> <p>(a) Ammonia</p> <p>(b) Arsenic or its toxic compound</p> <p>(c) Benzene or its toxic homologues, nitro and aminotoxic derivatives of benzene or its homologue</p> <p>(d) Beryllium or its toxic compounds</p> <p>(e) Brass, zinc or nickel</p> <p>(f) Carbon dioxide</p> <p>(g) Carbon bisulfide</p> <p>(h) Carbon monoxide</p> <p>(i) Chlorine</p> <p>(j) Chrome or its toxic compounds</p> <p>(k) Dinitrophenol or its homologue</p> <p>(l) Halogen derivatives of hydrocarbon of the aliphatic series</p> <p>(m) Lead or its toxic compounds</p> <p>(n) Manganese or its toxic compounds</p> <p>(o) Mercury or its toxic compounds</p> <p>(p) Nitrous fumes</p> <p>(q) Phosgene</p> <p>(r) Phosphorus or its toxic compounds</p> <p>(s) Sulfur dioxide</p>	<p>All work involving exposure of the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p> <p>All work involving exposure to the risk concerned.</p>
<p>10. Pneumoconiosis.</p> <p>Pneumoconioses caused by fibrogenic mineral dust such as but not limited to Silicosis, Coal worker's pneumoconiosis and Asbestosis.</p> <p>i. Silicosis - talc in talc processors, soapstone mining-milling, polishing, cosmetic industry; silica in mining, quarrying, foundries, sandblasting, construction work, work involving grinding, drilling or breaking of silica-containing rocks, ceramics and glass manufacture</p> <p>ii. Coal worker's pneumoconiosis - exposure to coal dust such as in mining</p> <p>iii. Asbestosis (please refer to #30, Asbestos-related Diseases)</p> <p>All of the following conditions:</p> <p>(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;</p> <p>(b) Clinical diagnosis consistent with signs and symptoms of pneumoconiosis and impairment of lung function supported by diagnostic proof such as chest X-ray or computer tomography (CT) scan and lung function test, ultrasound, histological findings;</p> <p>(c) With a reasonable latency period following exposure to the mineral dust and the development of the disease.</p> <p><i>(As amended by Board Resolution No. 12-09-18, s. 2012, September 27, 2012)</i></p>	

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11. Diseases caused by abnormalities in temperature and humidity. (a) Heat stroke/cramps/exhaustion (b) Chilblain/frostbite/freezing (c) Immersion foot/general hypothermia	Any occupation involving exposure to excessive heat or cold. Any occupation involving exposure to excessive heat. Any occupation involving exposure to excessive cold. Any occupation involving exposure to excessive cold.
12. Vascular disturbance in the upper extremities due to continuous vibration from pneumatic tools or power drills, riveting machines or hammers.	Any occupation causing repeated motions, vibrations and pressure of upper extremities.
13. Viral Hepatitis <i>(Approved under Board Resolution No. 247-A, April 13, 1977)</i>	Among workers in close and frequent contact with (a) human blood products and with (b) a source of viral hepatitis by reason of employment in the medical treatment or nursing of a person or persons suffering from viral hepatitis, or in a service ancillary to such treatment or nursing.
14. Poisoning by cadmium <i>(Approved under Board Resolution No. 247-A, April 13, 1977)</i>	Among workers in battery factories, who are exposed to cadmium fumes.
15. Leukemia and lymphoma <i>(Approved under Board Resolution No. 247-A, April 13, 1977)</i>	Among operating room personnel due to exposure to anesthetics.
16. Cancer of stomach and other lymphatic and blood forming vessels; nasal cavity and sinuses. <i>(Approved under Board Resolution No. 247-A, April 13, 1977)</i>	Among woodworkers, wood products industry carpenters, loggers and employees in pulp and paper mills and plywood mills.
17. Cancer of the lungs, liver and brain <i>(Approved under Board Resolution No. 247-A, April 13, 1977)</i>	Among vinyl chloride workers, plastic workers.
18. CARDIO-VASCULAR DISEASES. Any of the following conditions: (a) If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his work. (b) The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship. (c) If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac impairment during the performance of his work and such symptoms and signs persisted, it is reasonable to claim a causal relationship subject to the following conditions: 1. If a person is a known hypertensive, it must be proven that this hypertension was controlled and that he was compliant with treatment. 2. If a person is not known to be hypertensive during his employment, his previous health examination must show normal results in all of the following, but not limited to: blood pressure, chest X-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis. <i>(Approved under Board Resolution No. 17-10-36, October 25, 2017)</i> (d) A history of substance abuse must be totally ruled out. <i>(Approved under Board Resolution No. 432, dated July 20, 1977, as amended by Board Resolution No. 11-05-13, s. 2011, May 26, 2011)</i>	
19. CEREBRO – VASCULAR ACCIDENTS (a) If a person is a known hypertensive, his/her Hypertension remains poorly controlled despite compliance with the treatment. (b) If a history of substance use is present, it must be ruled-out as a cause of/or contributory to stroke. (c) And, any of the following conditions: c1. There must be proof that the acute stroke must have developed as a result of the stressful nature of work and pressures inherent in an occupation; c2. There is a strong evidence of significant exposure such as, but not limited to the following: extremes of temperature, long working hours, irregular work patterns, shift work, noise reduced decisions making autonomy, excessive workload with inadequate time to meet job demands, high psychological demands, poor working conditions, and heavy physical work;	

Occupational and Work-Related Diseases	Nature of Employment
	<p>c3. The strain of work that brings about an acute stroke must be sufficient in severity and must be followed within 24 hours by the clinical signs of an acute onset of neurological deficit to constitute causal relationship;</p> <p>c4. If a person who was, apparently asymptomatic before being subjected to strain at work showed signs and symptoms of an acute onset of neurologic deficit during the performance of his/her work, and such symptoms and signs persisted, it is reasonable to claim causal relationship;</p> <p>c5. There was a history which should be proven of work-connected unusual and extraordinary mental strain or event or trauma to the neck causing either a brain infarction or brain hemorrhage as documented by neuro-imaging studies.</p> <p>c6. In case of Transient Ischemic Attack or TIA which cannot be documented by neuro-imaging studies, a validation by the attending physician, preferably a neurologist is required.</p> <p>(Approved under Board Resolution No. 96-08-0372, dated August 1, 1996, as amended by Board Resolution No. 17-10-36, s. 2017, October 25, 2017)</p>
<p>20. MALARIA AND SCHISTOSOMIASIS. All of the following conditions:</p>	<p>(a) Through the knowledge of the respective incubation periods of the different types of the diseases, the physician determining the causal relationship between the employment and the illness or malaria or schistosomiasis should be able to tell whether the disease of the afflicted employee manifested itself while he/she was so employed.</p> <p>(b) Compensability should be based on the principle of greater risk of acquiring the disease in the place of work than in the place of usual residence of the afflicted worker.</p> <p>(c) The place of work of employment has to be verified as a malarial or schistosomal work area.</p> <p>(Approved under Board Resolution No. 432, dated July 20, 1977.)</p>
<p>21. PNEUMONIA - clinically diagnosed and consistent with the history, signs and symptoms of Pneumonia supported by diagnostic proof such as chest x-ray, CBC, and/ or microbiologic studies (e.g. blood cultures) is compensable in any of the following conditions:</p>	<p>(a) There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g. health care workers exposed to outbreaks such as SARS, bird handlers exposed to Cryptococcus);</p> <p>(b) Pneumonia as a complication of a primary work-connected illness or injury (e.g. as a complication of injury to the chest wall with or without rib fracture that was sustained at work);</p> <p>(c) Pneumonia as a complication of chemical inhalation exposure such as among welders exposed to iron fumes;</p> <p>(Approved under Board Resolution No. 432, dated July 20, 1977, as amended by Board Resolution No. 16-02-09, February 29, 2016)</p>
<p>22. HERNIA. All of the following conditions:</p>	<p>(a) The signs and symptoms of Hernia should be of recent origin and did not exist prior to the time for which the compensation is claimed;</p> <p>(b) The disease was preceded by undue physical strain arising out of and in the course of employment.</p> <p>(As amended under Board Resolution No. 15-07-34, dated July 27, 2015)</p>
<p>23. OCCUPATIONAL ASTHMA (OA). All of the following conditions:</p>	<p>(a) There was no past medical/ clinical history of asthma before employment;</p> <p>(b) Clinical diagnosis consistent with signs and symptoms of Occupational Asthma and supported by diagnostic proof such as obstructive ventilator pattern with significant bronchodilator response on spirometry (FEV1), peak flow meter response and/ or non-specific bronchial hyperresponsiveness (methacholine challenge test);</p> <p>(c) Workplace exposure to agent/s reported to give rise to Occupational Asthma as certified by the employer or by a competent medical practitioner/ institution acceptable to the System.</p> <p>(Approved under Board Resolution No. 12-09-18, s. 2012, September 27, 2012)</p>
<p>24. MUSCULOSKELETAL DISORDERS.</p>	<p>Refers to traumatic and non-traumatic inflammatory, degenerative, and acquired conditions affecting muscle, tendons, ligaments, joints, peripheral nerves and blood vessels arising in the performance of assigned tasks.</p> <p>(a) Dorsopathies or disorder of the spine (involving the cervical, thoracic, lumbosacral, pelvis, hip) acquired and secondary to injuries/accidents causing Spine Pain in conditions such as Herniated Nucleus Pulposus; Osteoarthritis; Spondylosis; Spondylitis; Spondylolisthesis; Muscle Strain and Sprain; Fracture/ Dislocations and; Radiculopathy among but not limited to workers who are exposed to high levels of whole body vibration, repetitive motions, lifting, performing work in flexed or hyper-extended posture or performing other manual handling tasks (such as pushing, pulling).</p>

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	<p>(b) Disorders of the shoulder acquired or secondary to injuries/ accidents causing Crushing, Avulsions; Amputations; Rotator Cuff Tendinitis; Rotator Cuff Tear; Strain and Sprain; Shoulder Impingement Syndrome; Adhesive Capsulitis or Frozen Shoulder; Bicipital tendinitis; Ruptured Bicipital Tendon and Shoulder Joint Dislocation among but not limited to workers who perform repeated above shoulder activities, and or repeated shoulder flexion, external rotation and abduction.</p> <p>(c) Disorders of the elbow acquired or secondary to injuries/ accidents causing Crushing, Avulsions, Amputations: Lateral and Medial Epicondylitis; Bursitis; Nerve Impingement; Tenosynovitis and Peritendonitis among but not limited to workers exposed to trauma, forceful and repetitive work/ stress involving wrist dorsiflexion, forearm supination and/ or pronation.</p> <p>(d) Disorders of wrist and hand acquired or secondary to injuries/ accidents causing Crushing, Avulsions, Amputations; Trigger Finger; Mallet Finger; Strain and Sprain; Fracture; Dislocation; de Quervain Tenosynovitis; Dupuytren's Contracture and; Carpal Tunnel Syndrome among but not limited to workers using hand/ vibratory tools for activities involving frequently flexed or extended wrist, combination of repetition, force and posture, overuse of the thumb as in repetitive grasping/ pinching, repetitive and forceful gripping and sustained awkward postures of the wrist.</p> <p>(e) Disorders of the knee acquired or secondary to injuries/ accidents causing Crushing, Avulsions, Amputations, Knee Osteoarthritis; Bursitis; Meniscal Tear; Patellar Tendinitis; Strain and Sprain; Fracture of the patella, tibia, femur and fibula; Synovitis and; Dislocation among but not limited to workers whose work entails exposure to prolonged external friction, pressure ore repetitive motion about the knee.</p> <p>(f) Disorders of the ankle and foot acquired or secondary to injuries/ accidents causing Crushing, Avulsions, Amputations, Strain and Sprain; Fracture of the ankle and foot; Achilles tendon tear and tendinitis; Bursitis; Synovitis, and Dislocation, among but not limited to workers exposed to repetitive stress and trauma of the ankle and foot.</p> <p>*lateral pinch between the thumb and index finger</p> <p>(Approved under Board Resolution No. 13-11-36, s. 2013, November 29, 2013)</p>
<p>25. VIRAL ENCEPHALITIS.</p>	<p>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 spreaders; (b) rural exposure, primarily in picnics, camping activities, fishing or hunting in, or adjacent to, woods or subtropical vegetations, 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.</p> <p>(Approved under Board Resolution No. 1676, dated January 29, 1981)</p>
<p>26. PEPTIC ULCER.</p>	<p>Any occupation involving prolonged emotional, or physical stress, as among professional people, transport workers and the like.</p> <p>(Approved under Board Resolution No. 1676, dated January 29, 1981)</p>
<p>27. TUBERCULOSIS (PULMONARY AND EXTRAPULMONARY).</p>	<p>Any occupation involving close and frequent contact with a source/s of tuberculosis infection by reason of employment.</p> <p>Occupations involving, but not limited to, high risk occupational groups and working conditions that are more susceptible to tuberculosis infection:</p> <p>(a) In the medical treatment or nursing of person/s suffering from tuberculosis;</p> <p>(b) As pathologist, post-mortem worker and medical laboratory workers e.g. medical technologies, smearers/laboratory technicians where the occupation involves working with materials which are sources of tuberculosis infection;</p> <p>(c) Other health facility staff in direct and frequent contact/handling of active PTB cases or infected materials e.g. dentists, dental/radiology technicians, respirator therapists, physiotherapist, housekeeping staff, social workers, clinic staff/secretaries;</p> <p>(d) Staff of correctional facilities/jails in direct contact with inmates especially in overcrowded and poorly ventilated prisons;</p> <p>(e) Workers involved in collection/handling/transportation/disposal of biological wastes;</p> <p>(f) Workers who have been clinically diagnosed with Silicosis or those chronically exposed to silica in the course of their work;</p> <p>(g) Workers in workplaces characterized as overcrowded, poorly ventilated and enclosed where there are documented cases of active TB.</p> <p>(Approved under Board Resolution No. 1676, dated January 29, 1981, as amended by Board Resolution No. 11-11-29, s. 2011, November 28, 2011)</p>

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28. VIRAL HEPATITIS.													
<p>In addition to working conditions already listed under PD 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 determining 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.</p>													
<p>(Approved under Board Resolution No. 1676, dated January 29, 1981)</p>													
29. ESSENTIAL HYPERTENSION.													
<p>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:</p>													
<table border="0"> <tr> <td>(a) chest X-ray report</td> <td>(g) Magnetic resonance imaging (MRI)</td> </tr> <tr> <td>(b) Electrocardiograph report (ECG)</td> <td>(h) Magnetic resonance angiography (MRA)</td> </tr> <tr> <td>(c) blood chemistry report</td> <td>(i) Two-dimensional echocardiography (2-D echo)</td> </tr> <tr> <td>(d) Fundoscopy report</td> <td>(j) Kidney ultrasound</td> </tr> <tr> <td>(e) Ophthalmological evaluation</td> <td>(k) BP monitoring report.</td> </tr> <tr> <td>(f) Computer tomography scan (C-T scan)</td> <td></td> </tr> </table>		(a) chest X-ray report	(g) Magnetic resonance imaging (MRI)	(b) Electrocardiograph report (ECG)	(h) Magnetic resonance angiography (MRA)	(c) blood chemistry report	(i) Two-dimensional echocardiography (2-D echo)	(d) Fundoscopy report	(j) Kidney ultrasound	(e) Ophthalmological evaluation	(k) BP monitoring report.	(f) Computer tomography scan (C-T scan)	
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<p>(Approved under Board Resolution No. 92-07-0031, dated July 8, 1992, as amended by Board Resolution No. 11-05-13, s. 2011, May 26, 2011)</p>													
30. ASBESTOS-RELATED DISEASES (ARD)													
<ul style="list-style-type: none"> i. Asbestosis ii. Benign Asbestos-related Pleural Disease iii. Asbestos-related Malignancy: <ul style="list-style-type: none"> 1. Lung Cancer 2. Mesothelioma 													
<p>All of the following conditions:</p> <ul style="list-style-type: none"> (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, histological 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. 													
<p>(Approved under Board Resolution No. 12-09-18, s. 2012, September 27, 2012)</p>													
31. HYPERSENSITIVITY PNEUMONITIS.													
<ul style="list-style-type: none"> i. Bagassosis ii. Farmer's Lung Disease iii. Bird Fancier's Disease (Psittacosis) iv. Others as listed in the guidelines 													
<p>All of the following conditions:</p> <ul style="list-style-type: none"> (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 work place, as duly certified to by the employer or by a competent medical practitioner/ institution acceptable to the System; 													

Occupational and Work-Related Diseases	Nature of Employment
<p>(a) 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 immunologic and histological tests.</p> <p>(Approved under Board Resolution No. 12-09-18, s. 2012, September 27, 2012)</p>	
<p>32. BYSSINOSIS (cotton dust). All of the following conditions:</p> <p>(a) The employee must have been exposed for a prolonged/ sufficient duration to cotton dust in the work place, as certified by the employer or by a competent medical practitioner/ institution acceptable to the System;</p> <p>(b) Clinical diagnosis consistent with signs and symptoms of Byssinosis and impairment of lung function supported by diagnostic proof such as lung function test, skin test or other appropriate immunologic tests.</p> <p>(Approved under Board Resolution No. 12-09-18, s. 2012, September 27, 2012)</p>	
<p>33. CORONAVIRUS DISEASE 2019 (CoVid-19)</p> <p>Clinically diagnosed and consistent with the history, and signs and symptoms of CoVid-19 supported by diagnostic proof to include reverse transcriptase polymerase chain reaction (RT-PCR) test is compensable in any of the following conditions:</p> <p>a. There must be direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g., healthcare workers, screening and contact tracing teams, etc.);</p> <p>b. The task assigned to the worker would require frequent face-to-face and close proximity interactions with the public or with confirmed cases for healthcare workers;</p> <p>c. Transmission occurred in the workplace; or</p> <p>d. Transmission occurred while commuting to and from work.</p> <p>(Approved under Board Resolution No. 21-04-14, s. 2021, April 6, 2021)</p>	





For further EC concerns and more information, kindly:

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