



OFFICE ORDER NO. 297-16

SUBJECT: GUIDELINES ON THE CONDUCT OF HEALTH-RELATED HOME VISIT OR HOSPITAL VERIFICATION OF GSIS EMPLOYEES

I. Rationale

Under the existing policy, the Medical and Wellness Services Department-Human Resources Office (MWSD-HRO) is tasked to conduct health-related home visit or hospital verification of GSIS employees upon the request of their managers¹. *Home visit or hospital verification* is conducted by an assigned personnel to confirm and assess the health status of an employee while recuperating at home or in a hospital.

However, due to the absence of guidelines especially for the Branch Offices (BOs), there is a need to prescribe a uniform set of rules in the conduct of the home visit or hospital verification in the Central Office (CO) and the BOs.

II. Conditions In Requesting Health-Related Home Visit or Hospital Verification of GSIS Employees

1. Absence of more than five (5) working days without any notification to the supervisor; and
2. For scheduled cases², absence of two (2) working days after the scheduled date of return to work without supporting documents to substantiate the extension of his or her sick leave application.
3. Other cases: Recurring and intermittent absences of less than five (5) days at a time but occurring repeatedly as reported by the concerned supervisor and verified with the Human Resources Administration Department (HRAD).

¹ Policy and Procedural Guidelines No. 246-13, The GSIS Health and Wellness Program.

² For those who will undergo elective surgery (may or may not require hospitalization), diagnostic and laboratory procedure.



III. Guidelines:

1. For CO, Quezon City BO and Pasig City Extension Office:

- a. Through email or memorandum, the concerned manager shall request the Officer IV, MWSD to conduct home visit or hospital verification of GSIS employees and copy furnished the Officer IV, Human Resources Administration Department (HRAD).
- b. The Officer IV, MWSD shall inform the Medical Officer II/I (MO II/I) to assign a Medical Staff (doctor or nurse) of the Health Care Services Division (HCSD)-MWSD to conduct the home visit or hospital verification. The home address should be forwarded to the Officer IV, MWSD by the HR Officer IV, HRAD prior to informing the MO II/I of the request. In case of hospital verification, the manager concerned shall notify the MWSD of the hospital where the employee is confined.
- c. After being informed of the address or hospital location where the concerned employee is confined, the assigned Medical Staff shall coordinate with the Housekeeping and Transportation Services Division-Building and Maintenance Department for transportation or any other logistic concerns.
- d. Upon arrival in the location, the assigned Medical Staff shall inform the concerned employee of the purpose of the visit. The Medical Staff shall assess physical condition of the employee concerned and accomplish the Home Visit or Hospital Verification Report (**Annex A**) form to be signed by the employee and/or the hospital representative. The accomplished form shall be submitted to the MO II/I within one (1) working day after the conduct of the home visit or verification for recommendation and endorsement to the Officer IV, MWSD.
- e. The Officer IV, MWSD shall submit the report to the requesting manager, copy furnished the HR Officer IV, HRAD, for their information and appropriate action.

2. For BOs:

- a. Through email or memorandum, the concerned BO Head shall inform the MO covering the said BO to conduct home visit or hospital verification. A copy shall be furnished to the



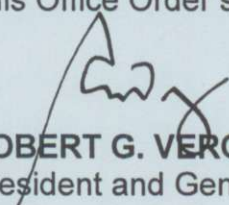
Officer IV, MWSD and HR Officer IV, HRAD for the request of the home address of the concerned employee.

- b. The BO Head shall inform the MO of the address of the employee concerned. The MO after being informed of the address shall coordinate with the concerned person/unit regarding transportation and other logistic concerns.
- c. Upon arrival in the location, the assigned MO shall inform the employee of the purpose of the visit and assess the physical condition. The MO shall accomplish the Home Visit or Hospital Verification Report form to be signed by the employee or the hospital representative. The accomplished form shall be submitted to the BO Head, copy furnished the Officer IV, MWSD and HR Officer IV, HRAD, within one (1) working day after the conduct of home visit or verification, for their information and appropriate action.

The personnel conducting the home visit or hospital verification may require the concerned employee to submit pertinent documents to support his or her absences upon reporting back to work.

All policies, rules and regulation inconsistent with the provision herein are hereby deemed repealed, superseded or modified.

This Office Order shall take effect immediately upon approval.


ROBERT G. VERGARA
President and General Manager

Date Signed: 16 MAR 2016

ANNEX A

HOME VISIT / HOSPITAL VERIFICATION REPORT

I. Employee Information

Name of Employee: _____

Designation/Office: _____

Home Address: _____

Contact no.: _____

Requesting Supervisor: _____

II. Findings

1. History of Present Illness:

2. Physical Examinations:

3. Diagnosis:

4. Other remarks:

Printed Name and Signature of HCSD, MSWD
Personnel/Medical Officer, Operations Group

Printed Name and Signature of
Employee

Date : _____

Printed Name and Signature of Hospital
Representative

Name and Address of Hospital

Contact Number: _____

