MINISTRY OF HEALTH
Brunei Darussalam

APPLICATION FORM FOR ACCREDITATION OF HEALTH FACILITY

Name of Health Facility:

Address:

City:

Country:

Contact Numbers: (Tel) (Fax)

E-mail Address (if available):

1) OWNERSHIP *(Please tick)*

Private ☐ Government ☐

Others (Please specify) _____

2) MAIN SOURCES OF INCOME

Put (x) where no such activities took place.

Medical fitness testing _____
Walk in acute medical care _____
Outpatient/GP services _____
Speciality services e.g. surgical _____
Dispensing of drugs _____
Immunization _____

N.B. If you are part of a large hospital or organisation, the following questions only applies to the department/unit involved in providing pre-departure medical fitness examination.

3) STAFFING

Number and roles of employed staff

Job category	Number
Doctors	
Nurses	
Administrative	

Others (please specify)	

4) FLOOR PLAN

No of consultation rooms _____

Approximate size of consultation room _____

Is your health facility air conditioned? YES / NO

Designated -registration area	Present	☐	Absent	☐
-patient records room	Present	☐	Absent	☐
-general administrative area	Present	☐	Absent	☐
-Medical Certificate printing room	Present	☐	Absent	☐

5) WORKING ARRANGEMENT

Length health facility in operation _____years

Operation hours: _____ hours/day _____ days/week

Are registration of workers done: Manually ☐ Computerised ☐

Any experience in performing pre-departure medical fitness examination? YES / NO

If currently performing pre-departure medical fitness examination:

- Length in operation performing fitness examination _____years
- For which countries do the workers that you perform the medical fitness examination goes to?_____
- Number of workers examined per month _____
- Cost of examination per worker _____(Male)_____(Female)

Number of doctors conducting examination (excluding radiologists and pathologists):

Full time_____

Part time _____ Please state from which department or health facility:

_____

Assisting doctors: Nurses ☐

Others (please specify) ☐ _____

6) FACILITIES (*please tick)*

	Yes	No	Remarks
In house Haematology lab			
In house Biochemistry lab			
In house X ray Machine			
Others (please state)			

If YES, please state under remarks column if any Quality Assurance or Accreditation Programmes (e.g ISO) present. If NO, please provide the name and address of other centers the facility refer to.

7) MEDICAL EXAMINATION PROCEDURE

Do you have your own format of medical fitness examination forms? YES / NO

(If the answer to the above question is YES, please supply a copy of the medical fitness examination form together with this application)

Are information written on the forms:

Manually? ☐

Typed? ☐

Entered into a computer and later printed? ☐

Do you retain workers medical records? YES / NO

8) RESULTS OF INVESTIGATIONS

i) Are laboratory results:

Manually written? ☐

Typed? ☐

Entered into a computer and later printed? ☐

Who verifies the laboratory results? _____

If results verified by pathologists, how many are employed there? _____

How many pathologists are working there : Full Time _____ Part time_____

Are the laboratory results: Given to worker / Not given to worker

ii) Are X-ray reports:

Manually written? ☐

Typed? ☐

Entered into a computer and later printed? ☐

Who reports the X-ray?:_____

If reported by radiologists, how many are employed there?_____

How many radiologists are working there: Full time _____ Part time_____

Is the X-ray film: Given to worker / Not given to worker ?

iii) Is pre-test counseling for HIV testing given to each worker? YES / NO

If HIV positive, result given by *(please tick):*

	Yes	No	If yes, given by:
By phone?			
By mail?			
In person?			

Is post-test counseling for HIV testing given?

Yes ☐ If yes, given by whom?_____

No ☐

9) <u>MEDICAL CERTIFICATE</u>

Do you produce your own particular Medical Certificate or use the respective countries Medical Certificate format?_____

Is the information on the Medical Certificate written:

Manually? ☐

Typed? ☐

Entered into a computer and later printed? ☐

Is information written in: English ☐

Others (please specify) ☐_____

10) DOCTORS INVOLVED IN THE CONDUCTING OF PRE-DEPARTURE MEDICAL FITNESS

Please supply the list, copies of qualifications and registration with local/national/international bodies of doctors involved (including radiologists and pathologists) in the pre-departure medical fitness examination of workers going overseas using the following format:

Name:_____

Age:_____ Sex: _____

Relevant qualifications:_____

Registration with government bodies:_____

Years of registration:_____

Full time / Part time in the department/unit:_____

Other commitments e.g. work in hospital or other clinic:_____

_____

Signature (2 samples required):

i)_____ ii)_____

All completed forms to be forwarded to:

1) The Director General of Health Services

Department of Health Services
Ministry of Health
Jalan Menteri Besar
Brunei Darussalam BB 3910