

**ID CODE :**

YEAR: \_\_\_\_\_

MONTH: \_\_\_\_\_

NUMBER: \_\_\_\_\_

**PHILIPPINE ACADEMY OF OPHTHALMOLOGY  
Committee On Community Ophthalmology  
Missions Coordinating Center  
PAO MISSION FORM 1: INFORMATION SHEET**

**IMPORTANT: PLEASE READ BEFORE FILLING-UP THE FORM**

- This form shall be filled-up and submitted by a mission team member, preferably an ophthalmologist, to the PAO Secretariat prior to starting the mission process i.e. prior to screening patients. Please check the appropriate box/es and/or provide the necessary data.
- Submit this form together with:
  - ✓ signed **letter of intent** addressed to the PAO President and the Committee on Community Ophthalmology Chair.
  - ✓ **Special Temporary Permit from PRC** of the foreign doctor/s and/or nurse/s participating in the mission, if applicable.
- Other obligations:
  - **6 weeks BEFORE surgical mission submit:**
    - ✓ PAO Mission Form 2: Patient Data Sheet
  - **1 week AFTER surgical mission submit:**
    - ✓ PAO Mission Form 3: Output Report
- Do not leave any item blank. If not applicable, write not applicable, N/A, or none.

**Failure to submit the requirements and other obligations will affect the endorsement of your future mission application.**

<b>1. MISSION CATEGORY:</b> CATEGORY IS DETERMINED BY SPONSOR'S PERMANENT ADDRESS <input type="checkbox"/> (1) Local <input type="checkbox"/> (2) International or foreign-based
<b>2. INCLUSIVE DATE/S OF MISSION:</b> MM/DD/YYYY
<b>3. PLACE OF MISSION:</b> HOSPITAL/COMPLETE ADDRESS AND PHONE NUMBER
<b>4. NATURE OF MISSION:</b> <input type="checkbox"/> (1) Purely ophthalmology <input type="checkbox"/> (2) Multi-specialty
<b>5. SERVICES TO BE PROVIDED:</b> CHECK ALL APPLICABLE ITEMS <input type="checkbox"/> (1) Medical: Out-patient consultations <input type="checkbox"/> (5) Strabismus Surgery <input type="checkbox"/> Surgical <input type="checkbox"/> Others: _____ <input type="checkbox"/> (2) Pterygium Excision <input type="checkbox"/> (3) Chalazion I&C <input type="checkbox"/> (4) Cataract Extraction

**6A. SPONSOR OF MISSION:** NAME/S, ADDRESS/ES, AND CONTACT NUMBER/S

**6B. IF MISSION CATEGORY IS INTERNATIONAL OR FOREIGN-BASED, PLEASE INDICATE NAME OF LOCAL COUNTERPART OF FOREIGN SPONSOR (ALL FOREIGN SPONSORS MUST HAVE A LOCAL COUNTERPART):** NAME/S, ADDRESS/ES, AND CONTACT NUMBER/S

**7. SOURCE OF MISSION SUPPLIES:**

**8. DESIGNATED HEAD OF MISSION:** HEAD OF MISSION IS THE OVER-ALL COORDINATOR OF THE ACTIVITY. PLEASE INCLUDE CONTACT NUMBER AND EMAIL.

**9. NAME/CLINIC ADDRESS/CONTACT NUMBER OF LOCAL OPHTHALMOLOGIST/S:** LOCAL OPHTHALMOLOGIST SHOULD BE A PAO DIPLOMATE MEMBER IN GOOD STANDING AND A MEMBER OF THE CORRESPONDING LOCAL CHAPTER SOCIETY.

**10. CHAPTER SOCIETY TO WHICH LOCAL OPHTHALMOLOGIST/S BELONG/S:**

- (1) Northwestern Luzon Chapter
- (2) Cagayan Valley Chapter
- (3) Central Luzon Society Of Ophthalmology
- (4) Southern Tagalog Society Of Ophthalmology
- (5) Rizal Chapter Society
- (6) Bicol Chapter
- (7) Central Visayas Society Of Ophthalmology
- (8) Eastern Visayas Society Of Ophthalmology
- (9) Western Visayas Academy Of Ophthalmology
- (10) Northern Mindanao Society Of Ophthalmology & Otolaryngology
- (11) Southwest Mindanao Society Of Ophthalmology
- (12) Davao Society Of Ophthalmology

**11. NAME/S OF ALL ACCOMPANYING OPHTHALMOLOGIST/S:** IF SPACE IS NOT ENOUGH, MAY ATTACH A SEPARATE SHEET TO THIS FORM

**12. DESIGNATED OPHTHALMOLOGIST/S RESPONSIBLE TO FOLLOW-UP CASES:** NAME/S AND CONTACT NUMBER/S

**13. DESIGNATED OPHTHALMOLOGIST RESPONSIBLE TO SUBMIT MISSION OUTPUT REPORT TO PAO SECRETARIAT:** NAME AND CONTACT NUMBER

**14. OTHER PERTINENT DATA PERTAINING TO THE CONDUCT OF THE MISSION:**

I certify that the information I have given above are true.

\_\_\_\_\_  
**NAME AND SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR PAO SECRETARIAT**  
RECEIVED BY:

DATE:

**PAO CCO COORDINATOR**

DECISION/ACTION DATE:

**PAO CCO Disposition:**

- Endorsed
- Not endorsed: \_\_\_\_\_
- Contact sponsor re: \_\_\_\_\_
- Contact local ophtha society re: \_\_\_\_\_
- Contact local ophthalmologist re: \_\_\_\_\_
- Needs more info, please submit \_\_\_\_\_