



Republic of the Philippines
Professional Regulation Commission
Manila



PROFESSIONAL REGULATION COMMISSION
MEMORANDUM ORDER NO. 68

Series of 2020
November 6, 2020

TO : **ALL CONCERNED OFFICERS AND EMPLOYEES**
Central and Regional Offices

CHAIRPERSONS AND MEMBERS
Concerned Professional Regulatory Boards

SUBJECT : **UPDATED STANDARD GUIDELINES ON THE STRICT HEALTH PROTOCOLS TO BE OBSERVED IN THE CONDUCT OF LICENSURE EXAMINATIONS DURING THE COVID-19 PANDEMIC**

Pursuant to Department of Health (DOH) Administrative Order 2020-0015 otherwise known as the “Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation” and adopting the PRB of Medicine Resolution Nos. 17 and 21 (s. 2020), the Commission prescribes the following strict health protocols in addition to PRC Memorandum Nos. 24 and 28 (s. 2020), particularly in the conduct of all licensure examinations during the pandemic:

I. COVERAGE

This Memorandum Order shall apply to licensure examinations during the COVID-19 pandemic.

II. RT-PCR TESTING

1. Examinees and examination personnel who fall under the following groups¹ shall undergo the mandatory RT-PCR testing from any of the DOH accredited facilities 3-5 days before the examination date/s:
 - 1.1. Suspect cases; or
 - 1.2. Individuals with relevant history of travel and exposure (or contact), whether symptomatic or asymptomatic; and
 - 1.3. Health care workers with possible exposure, whether symptomatic or asymptomatic. The following exposures should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
 - 1.3.1. Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes;
 - 1.3.2. Direct physical contact with a confirmed case;
 - 1.3.3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment.

In this case, examinees and examination personnel shall be required to submit the result of their RT-PCR tests. Only those examinees with negative results shall be allowed to take the examination.

¹ According to DM 2020-258A or the Updated Interim Guidelines on Expanded Testing for COVID-19

2. However, if an examinee or examination personnel does not fall in the above-mentioned conditions, he/she may undergo a 14-day quarantine period wherein he/she is asymptomatic for at least 14 days prior to the scheduled examination date/s, provided that he/she has no close contact or exposure to the aforementioned cases, he/she shall be allowed to take/assist the examination in the absence of RT-PCR test. A **Certificate of Quarantine** or its equivalent signed by any of the following shall be submitted instead:
 - 2.1. Any licensed Physician (government or private physician);
 - 2.2. Municipal Health Officer, Provincial Health Officer or City Health Officer;
 - 2.3. Barangay Officer visiting the examinee's residence attesting that he/she has been in quarantine for 14 days.
3. Examinees coming from other countries should be able to quarantine for 14 days or provide a negative RT-PCR test result whichever is shorter.
4. All examination personnel including the PNP/PRC Security Officers assigned in the Confidential Printing Room (CPR) and those assigned to transport and secure the test materials in various testing venues shall undergo the RT-PCR test to assure their safety as well as to those involved in the administration of examination. Only those mentioned personnel with negative RT-PCR result and Certificate of Quarantine shall be allowed to assist/administer the same.

III. ASSIGNMENT OF EXAMINATION PERSONNEL

Examination personnel shall exclude the following vulnerable individuals in order to reduce their exposure and prevent infection in consonance with the Omnibus Guidelines On the Implementation of Community Quarantine in the Philippines:

1. the elderly;
2. individuals with underlying conditions; and
3. pregnant women

IV. HEALTH STANDARDS FOR EXAMINEES AND PRC EXAMINATION PERSONNEL

1. All examinees and examination personnel shall enforce the following precautionary measures among themselves:
 - 1.1 Observe physical distancing of two (2) meters between examinees. Examinees shall be restricted to their assigned seat;
 - 1.2 Wear face mask (at least 3-ply surgical mask, preferably N95 mask) and face shield at all times;
 - 1.3 Bring 70% ethyl alcohol for hand disinfection;
 - 1.4 Wear latex gloves for exam personnel handling the test questionnaires.
2. Examinee shall submit the duly accomplished Informed Consent (Annex A) and Health Declaration (Annex B) forms with the Notice of Admission (NOA) and the negative RT-PCR test result/Quarantine Certificate to the proctor on the examination day.

Informed Consent and Health Declaration Forms can be downloaded on the PRC official website (www.prc.gov.ph);

3. Examinees and examination personnel shall bring their own meals (pre-packed meal/snack and drink) to be eaten during breaks, while being in their assigned seats.

Note: Face masks will only be removed when taking meals or drinks.

Windows will be opened to improve ventilation during breaks;

4. Examinees shall bring their own pens, pencils and erasers. Borrowing from seatmate is not allowed to prevent cross-contamination;
5. Talking and loitering are prohibited in the hallways or in the examination room.

V. BUILDING REQUIREMENT FOR A UNI-DIRECTIONAL FLOW OF PEOPLE (ONE ENTRANCE-ONE EXIT)

1. The map of the building (showing layout of the entrance/exit points and comfort rooms) will be available on the official PRC website and Facebook page and shall be printed in the NOA of examinees for reference;
2. Location of comfort rooms will be indicated in the “map”;
3. Examinees will be apprised regarding the specific DESIGNATED ENTRANCE and EXIT gate to be used;
4. The following announcement and infographics will be posted on the testing venues and PRC website:
 - 4.1 COVID-19 precautionary measures;
 - 4.2 COVID-19 symptoms;
 - 4.3 Contingency Plan when an examinee develops COVID-19 symptoms during the examination.

VI. MINIMUM HEALTH STANDARDS AT THE ENTRANCE GATE OF THE TESTING VENUE

1. Foot bath with 10% Chlorine solution shall be available at the entrance gate;
2. Physical distancing shall be strictly observed in the queuing of the examinees entering the testing venues;
3. All examinees and examination personnel shall undergo temperature scanning:
 - 3.1 Only examinees with temperature of less than or equal to 37.5 degrees Celsius ($\leq 37.5^{\circ}\text{C}$) shall be allowed to enter the testing venue;
 - 3.2 Examinee with temperature of more than 37.5 degrees Celsius (37.5°C) shall be referred to the Building Supervisor, who shall refer the concerned examinee to an onsite medical doctor for assessment. Examinee will not be allowed to take the rest of the examination.
4. 70% isopropyl or ethyl alcohol shall be available at the entrance gate for hand disinfection. Hand soap or 70% isopropyl or ethyl alcohol shall be provided also in all comfort rooms;

5. Examinees shall proceed immediately to their designated examination rooms after the thermal scanning/screening.

VII. CONTINGENCY PLAN

The following contingency plan shall be observed:

1. Every testing venue shall have the following:
 - 1.1 Isolation room/s for examinees/examination personnel showing symptoms of COVID-19;
 - 1.2 Medical personnel and/or on-call physician. The contact details of the on-call physician and DOH Focal Person shall be known to the Examination Coordinator and Building Supervisor in the event that an examinee/personnel shows signs of COVID-19 during the licensure examination;
 - 1.3 Stand-by ambulance or PRC vehicle that will transport the concerned examinee/personnel to the hospital as referred by the DOH Focal Person. This ambulance/PRC vehicle shall be disinfected before and after its use.
2. In the event that an examinee manifests the COVID-19 symptoms such as temperature higher than 37.5 degrees Celsius (37.5°C), colds, cough, other flu-like symptoms and difficulty of breathing, the following must be observed:

2.1 BEFORE THE EXAMINATION PROPER OR ENTERING THE GATE OF THE TESTING VENUE

- 2.1.1 The examinee shall not be allowed to enter the testing site. He/she shall be advised to go home to undergo necessary quarantine or to seek medical treatment. His/her health form shall be collected at the gate and shall be endorsed to the Regional Office for reporting;
- 2.1.2 The examinee shall be advised to defer taking the licensure examination, but shall be allowed to take the same immediately succeeding scheduled licensure examination.

2.2 DURING THE EXAMINATION PROPER

- 2.2.1 The proctors shall ensure that all health protocols are observed during the examination proper;
- 2.2.2 If the examinee is manifesting symptoms of COVID-19, the proctor shall immediately notify the concerned Floor Supervisor who in turn takes the examinee to the isolation room and coordinate with the Building Supervisor. The Building Supervisor shall refer the concerned examinee to the on-site medical personnel or on-call physician for assessment;
- 2.2.3 Upon advice of the on-site medical personnel or on-call physician, the Building Supervisor shall report the case to the DOH Focal Person and get a referral hospital for the examinee's immediate medical attention. A separate exit gate shall be provided for his/her transport to the said hospital;

- 2.2.4 The name of the examinee, examination room number, seat number, and seat plan shall be forwarded to the building supervisor who shall then submit a report to the Regional Director and notify the Licensure Office and the Board. In addition, the people who had “close contact” with the examinee shall be properly reported.

2.3 POST-EXAMINATION REQUIREMENT

- 2.3.1 All examinees shall be required to download and fill-out a Post Examination Health Surveillance Form, attached as Annex “C” and submit the same fourteen (14) days after the examination through the designated Regional Offices’ email address. The said form is downloadable on PRC official website.

The Regional Offices shall submit a report to Licensure Office who shall collate/summarize and submit to the Board for information.

- 2.3.2 All examinees and examination personnel inside the examination room who had close contact with the patient (manifesting symptoms of COVID-19) shall also be advised to undergo RT-PCR test or 14-day home quarantine after the examination.

- 2.3.3 The Regional Offices shall create an email address specifically reserved for this purpose which will be disseminated to the examinees by the proctors/room watchers during the examination day.

VIII. OTHER CONSIDERATIONS

1. For examinees coming from regions outside the National Capital Region (NCR) – all concerned shall abide the respective Local Government Unit (LGU) implemented protocols and directives issued by the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) with regard to the interzonal and intrazonal movement of persons such as RT-PCR test, Rapid test, 14-day quarantine, IATF pass, travel pass and the like;
2. The examinee who fails to take his/her scheduled licensure examination (*examinee's name is already included in the Room Assignment*), shall be allowed to take it immediately succeeding scheduled licensure examination provided that he/she has the following valid reason/s:
 - 2.1 Health Reason: The examinee shall submit a letter to the Commission and the concerned Board together with a notarized medical certificate;
 - 2.2 Travel Restriction: The examinee shall submit a letter with attached official letter of restriction from the LGU concerned.

For strict compliance.



TEOFILO S. PILANDO, JR.
Chairman



Professional Regulation Commission

INFORMED CONSENT

ON THE POTENTIAL RISK ASSOCIATED WITH TAKING THE

(profession) LICENSURE EXAMINATION

PLEASE READ THIS DOCUMENT CAREFULLY.

*You are given this informed consent form because the Professional Regulation Commission (PRC) and Professional Regulatory Board of _____
(profession) encourage your participation in the _____
(profession) licensure examination. All known precautions are taken to safeguard all examinees, but the PRC/PRB cannot guarantee your absolute safety from any potential source of infection. You are asked to sign this form to signify your consent to participate in the said activity despite the potential risks.*

INFORMATION SHEET

Introduction and Purpose of the Activity

On March 11, 2020, the World Health Organization (WHO) has declared COVID-19 a pandemic with confirmed cases nearing twenty million (20,000,000) around the world without yet any sign of decline. The Philippines was no exception. With the continuing upsurge of recorded cases per day, the country needs to reinforce the number of its health workers to fight this pandemic.

Following the request of different professional organization and other stakeholders, the Commission is prepared, although with greater precaution this time, to discharge its mandate of conducting the licensure examinations.

Procedure

The PRC are instituting health safety protocols to ensure the safety of all examinees, as well as the PRC personnel involved in the conduct of the examination. Listed below are the established best practices and their respective percentages of risk reduction of COVID-19 transmission:

- 95% if you use N95 mask, 76% for surgical mask
- 67% if you wear face shield
- 90% if there is distance of 1 meter, 92% if 2 meters

(For a more detailed information, please refer to PRC Memorandum Order No. ____ s. 2020 entitled “STRICT HEALTH PROTOCOLS TO BE OBSERVED IN THE CONDUCT OF LICENSURE EXAMINATIONS DURING THE COVID-19 PANDEMIC”).

Risks

By participating in the examination, it is possible that you will be exposed to COVID-19. There is, for example, a chance that you might contract the virus while transporting to the venue. Although reduced in number with the mandatory minimum distances between examinees, you will still be staying in an enclosed room together with other examinees for several hours. Nonetheless, we assure you that the PRC will implement all known safety measures prescribed by the Omnibus Guidelines of the Inter-Agency Task Force (IATF) and the recommendations of the scientific community to reduce the possibility of infection.

You still have the responsibility to weigh the risks against the benefits. Your judgment and discernment will guide you in deciding whether to take the licensure examination or not.

Alternative to Participating in the licensure examination

As a rule, all examinees who fail to take the licensure examination will be considered absent and need to be re-apply and pay for the next exam. By way of exemption, if you fail to participate in the examination because of health reasons, travel restrictions or any other valid reasons, please inform the concerned Regional Office of your place of examination within the week prior to the exam. You will be allowed to take the next scheduled licensure examination, provided that the requirements mentioned herein are complied with.

Post Examination Requirement

Fifteen (15) days, after the examination, we require the examinees to submit a post-exam health status update (*Annex C*) to help the examinees and future conduct of licensure examinations. The form can be downloaded from the website (www.prc.gov.ph) and this can be sent through the official email address of the Regional Office where you take your licensure examination. Please provide the information as accurately as possible.

Agreement to Participate: If you agree to participate in the licensure examination, please indicate so by signing on the specified space below.

Thank you.

CERTIFICATE OF CONSENT

I, _____, of legal age, residing at _____
(Last Name, First Name Middle Name)
 _____ have read and understood the
(Address)
 information and the potential health risks explained in this form. Despite such risks, I
 agree to take the _____ Licensure Examination
(Profession)
 on _____ to be administered by the Professional
(Date/s of Examination)
 Regulation Commission. I do hereby confirm and declare that I am participating in this
 event on my own free will and volition.

In relation thereto, I hold PRC, entirely free from any liability or responsibility in the event that I contract COVID-19 during the period of the Licensure Examination on _____.

(Date/s of Examination)

Name of Examinee and Signature

Date _____

Name of Witness and Signature

Date _____



HEALTH DECLARATION CHECKLIST

IMPORTANT REMINDER: *The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential.*

FILL OUT ENTRIES IN BOLD LETTERS

Personal Data:

Name: _____

Last Name *First Name* *Middle Name*

Sex: ☐ Female Age: _____
☐ Male

Contact Address: _____
(HOUSE NO. & STREET) (BARANGAY) (TOWN/DISTRICT)

(CITY/PROVINCE) (COUNTRY/STATE) (POSTAL/ZIP CODE)

Mobile No/ Telephone No.: _____ Email Address: _____

Place of Work: _____
(If applicable)

Please check if you have any of the following at present or during the past 14 days:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fever $\geq 37.5^{\circ}\text{C}$ (oral temperature) | <input type="checkbox"/> Cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Body Aches | <input type="checkbox"/> Body Weakness |
| <input type="checkbox"/> Difficulty or Shortness of Breath | <input type="checkbox"/> Loss of Taste or Smell | <input type="checkbox"/> Runny Nose |

Please enumerate, if any, cities in the Philippines you have worked, lived, transited in the past 14 days. _____

Please enumerate, if any, foreign countries you have worked, lived, transited in the past 14 days. _____

Please check the appropriate box

	YES	NO
Did you visit any health worker, hospital, or clinic during the past 14 days?	[]	[]
Were you confined in a hospital or clinic during the past 14 days?	[]	[]
Do you have anyone such as household member/s or close contact/s who are currently having fever, cough and/or respiratory problems?	[]	[]
In the last 14 days, have you been in close contact or exposed to any person suspected of COVID-19?	[]	[]
Have you been in Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes?	[]	[]
In the last 14 days, have you been in contact with a person confirmed with COVID-19?	[]	[]
When did this person or contact receive a positive RT-PCR test?	_____	

Have you undergone any test for SARS-Cov2 for the past 14 days? [] []

Test Type: ☐ RT-PCR ☐ Rapid Serology Antibody Test
☐ Cartridge-based PCR ☐ Rapid Antigen Test
☐ Rapid ECLIA Antibody Test ☐ Others, specify: _____

Results: ☐ Positive ☐ Negative ☐ Reactive ☐ Non-reactive
☐ Sample Unfit for Testing ☐ Pending

Where was the test done? _____ Date of Release: _____

Note:
IF DONE, THE ORIGINAL OFFICIAL RESULT OF RT-PCR SHOULD BE ATTACHED TO THIS FORM. IN LIEU OF THE RT-PCR, A CERTIFICATE OF QUARANTINE OR ITS EQUIVALENT SIGNED BY LICENSED PHYSICIAN (GOVERNMENT OR PRIVATE PHYSICIAN) OR DULY AUTHORIZED LOCAL OFFICIAL SHOULD BE ATTACHED/SUBMITTED.

**DECLARATION AND
DATA PRIVACY CONSENT FORM**

I submit that the information I have given is true, correct, and complete. I understand that my failure to answer any question, or any misrepresentation of facts or false/misleading information given by me may be used as a ground for the filing of cases against me in accordance with law. I voluntarily and freely consent to the collection and processing of the above personal information only in relation to the IATF Resolution No. 58, series of 2020, pertinent DOH directives, and PRC health and safety protocols.

Name and Signature

Date

Please be advised that the above information shall only be used in relation to the aforementioned protocols in accordance with the Data Privacy Act and Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.

Verified by (PRC Representative/Proctor):

Signature above Printed Name

Post Examination Health Surveillance Form

Instructions: Please continue to follow social distancing and the wearing of face mask even after the exam. You are required to send an email at [the official email address of the Regional Office where you take your licensure examination](#) 15 days after the last examination date. Please provide truthful information relative to your health status.

Dear PRC,

Good day! I took the _____ licensure examination last _____.
(profession) (date)

I would like to inform you of my health status as of _____.
(date)

Name: _____

Testing Venue: _____

Room No: _____

Seat No: _____

My health status is: *(Please check (✓) all relevant items)*

___ have no symptom/s.

___ am with the following symptom/s:

___ fever

___ cough

___ easy fatigability

___ other signs/ symptoms or remarks: _____

After completing the message, you will receive an acknowledgment and/or further instructions from PRC.