



PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(National Headquarters Philippine Coast Guard)
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1018 Manila

NHQ-PCG/CG-MED

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CIRCULAR
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PCG REGIMENTAL RULES ON MEDICAL CLEARANCES

I. GENERAL

This Circular shall be known as the "*PCG Regimental Rules on Medical Clearances*"

II. AUTHORITY

- A. Republic Act 9993 (PCG Law of 2009)
- B. Republic Act 11372 (Establishment and Construction of the PCG General Hospital)

III. REFERENCE

- A. AFPR G 165 – 363 dated 01 Aug 2014 (Standards of Physical Examination in the Armed Forces of the Philippines)
- B. AFP PULHES Profiling System
- C. International Classification of Diseases 10 (ICD – 10 – CM dated 01 Oct 2017)
- D. Bate's Guide to Physical Examination and History Taking 12th Edition and De Gowin's Diagnostic Examination, 10th Edition
- E. PhilHealth Circular 35 Series of 2013 (ACR Policy No. 2 Implementing Guidelines on Medical and Procedure Case Rates)

- F. DOH DOST PhilHealth Joint Administrative Order No. 2016 – 0002 (Health Privacy Code) in compliance to Republic Act 10173 (Data Privacy Act of 2012)
- G. HPCG / CGMED SOP 09 – 09 dated 14 Sept 09 (Guidelines in the conduct of Physical and Medical Examination to applicants for Commissionship and Enlistment in the Philippine Coast Guard)
- H. Republic Act 9271 (Quarantine Act of 2004)
- I. Republic Act 9482 (Anti Red Tape Act of 2007)

IV. SCOPE

A. These regulations shall be applicable to all PCG personnel in the determination of their medical fitness based on standardized and systematic evaluation of PCG Medical Officers for the proper execution of PCG functions:

1. Said regulations shall be applicable in the evaluation of PCG personnel for various purposes to include but not limited to the following: Re Enlistment, Schooling, or Promotion;

2. The regulations shall be applicable in the evaluation of medical cases for complete disability discharge, those applying for separation from the service or retirement;

3. The regulations shall be utilized during examination procedures in the conduct of medical clearances for annual general physical assessment or other similar activities;

B. The regulations shall also be applicable in the evaluation of PCG applicants for Commissionship or Enlistment for the issuance of appropriate medical clearances during conduct of national or regional recruitment for Pre Entry Examination procedures;

C. The regulations may be used as reference for the issuance of Medical Clearances for PCG Civilian personnel;

D. Any other application as authorized by the Command.

V. DEFINITION OF TERMS

A. Terminologies

- 1. **Active Service** – pertains to all regular PCG uniformed personnel;
- 2. **Medical Officers** – are physicians commissioned as PCG Officers authorized to conduct medical examination and evaluation;

3. **Pre Entry** – pertains to all PCG applicants to include Lateral entrants;

4. **Physical Profiling System** – acronym referring to the physical profiling of PCG personnel following a systematic evaluation of physical or medical fitness graded from 1 to 4 in reference to Physical capacity or fitness (P), Upper extremity (U), Lower extremity (L), Hearing (H), Eyes (E), and Mental capacity or fitness (S);

5. **Regulations** – for the purposes of this Circular, the term shall pertain or refer to the “PCG Regimental Rules on Medical Clearances”;

VI. POLICIES

A. General Policies

1. The Regulations shall define and prescribe the minimum allowable and / or acceptable standards in the issuance of medical clearances and / or the identification of disqualifying condition or illness; (See **Annex A**)

2. The physical profiling utilizing “PULHES” system shall serve as a reference for the evaluation of physical findings and medical conditions, and overall assessment of fitness in the PCG service; (**Annex B**)

3. All medical evaluations shall conform to the following conditions, as indicated:

a. Physical Profile 1 (P1) shall be issued to PCG personnel who can engage in full active PCG duties (hazardous ship/shore duties/assignments); also considered physically and mentally fit;

b. Physical Profile 2 (P2) shall be issued to PCG personnel who can engage in partial PCG duties (limited to non-hazardous ship/duties/assignments); also considered physically and mentally fit;

c. Physical Profile 3 (P3) shall be issued to those who cannot engage in active duties (limited to shore duties/assignments); with some physical or mental limitations;

d. Physical Profile 4 (P4) shall be issued to those who have permanent disqualifying injury / illness or recommendation for discharge/separation (CDD); considered not physically or mentally fit.

4. For standardization of diagnosis and examination techniques, the following shall be adopted:

a. The latest classification as indicated in the International Classification of Diseases (ICD) shall be utilized as reference in the identification, and determination of specific medical condition and / or diseases using specific ICD Code; (**Annex C**)

b. In the course of conduct of physical examination and history taking, procedures shall follow the techniques specified, but not limited to the following references (**Annex D**):

i. Latest edition of Bate's Guide to Physical Examination and History Taking; or

ii. Latest edition of De Gowin's Diagnostic Examination.

c. For the specific case rates for various diseases for the purposes of specifying diagnosis in the medical certificate, PhilHealth Circular 35 Series of 2013 (ACR Policy No. 2 Implementing Guidelines on Medical and Procedure Case Rates) may be used as reference where applicable; (**Annex E**)

5. Medical Clearances shall be valid for six (6) months from the date of its issuance. Provided, that:

a. All supporting documents are considered valid from the date of examination to include, but not limited to the following:

i. Report of Medical History;

ii. Neuro-Psychiatric Clearance;

iii. Laboratory Test Results;

iv. Diagnostic Test results;

v. Other pertinent clearances.

b. Laboratory and Diagnostic test results must be at least one (1) month from the time of evaluation;

i. Complete Blood Count; Urinalysis; Fecalalysis; Blood Typing; Pregnancy Test (for females);

ii. Electrocardiogram (12-lead); Chest Radiograph (CXR-PA);

iii. Drug Testing; Hepatitis B and C; HIV Test for AIDS; RPR Test for Syphilis;

iv. Other pertinent laboratory tests as may be required.

c. All requirements have been submitted and verified by TCS, CGMED, through the OIC, Physical Examination Section prior to the issuance of the medical clearance;

- i. Long folder, white, 2 pcs;
- ii. Long Brown envelope, 1 pc;
- iii. Recent picture colored, 2" x 2" with name tag (Last, First and Middle), white background, 2 pcs;
- iv. Recent picture colored, 1" x 1", 1 pc (for laboratory use)
- v. Ballpen, black, 1 pc;
- vi. Pencil Mongol Nr. 2, 1 pc;
- vii. For PCG Uniformed personel, pictures shall be in General Office Attire (GOA) for uniformity;

6. All PCG Medical Officers shall be authorized to conduct physical examination. Provided, that a directive has been issued to perform such examination from any of the following:

- a. The Command Surgeon, CGMED (TCS, CGMED);
- b. Commander, Coast Guard Human Resource Management Service (CGHRMS) upon approval of TCS, CGMED;
- c. District Commanders upon approval of TCS, CGMED;
- d. Any other PCG Official authorized by the Command subject to approval by TCS, CGMED.

7. All medical clearances shall only be received by concerned individuals or their authorized representatives in accordance with applicable provisions of the Health Privacy Code (**Annex F**);

8. The examining physician shall exercise due diligence in the determination and interpretation of pertinent medical findings. The examiner shall also implement discretion in the evaluation of results in his or her best professional judgement; (**Annex G**)

9. All examinations shall be conducted in a suitable, well lighted area to preserve privacy and confidentiality;

10. Medical clearances issued as a result of medical evaluation of conditions arising from on-going training shall be supported by corresponding specialist clearance as may be required;

B. Specific Policies

1. Medical Clearances shall indicate its specific purpose, as indicated:

a. Enlistment / Commissionship

- i. *Enlistment Clearance* – medical clearance issued to any individual aspiring to become a Candidate Coast Guardman (CCGM) which have satisfactorily complied with all the necessary medical requirements related to medical assessment for fitness prior to training;

- ii. *Commissionship Clearance* – medical clearance issued to any individual aspiring to become a Candidate Coast Guard Officer (CCGO) which have satisfactorily complied with all the necessary medical requirements related to medical assessment for fitness prior to training;

b. Re-Enlistment / Call to Active Duty (CAD)

- i. *Re-Enlistment Clearance*- medical clearance issued to any PCG Non Officer which have satisfactorily complied with all the necessary medical requirements as part of Re-Enlistment procedures;

- ii. *CAD Clearance* - medical clearance issued to any CCGO which have satisfactorily complied with all the necessary medical requirements as part of Call to Active Duty procedures;

c. Schooling / Training

- i. *Schooling Clearance* - medical clearance issued to any PCG personnel which have satisfactorily complied with all the necessary medical requirements as part of any local or foreign based schooling procedures;

- ii. Medical Officers shall accomplish additional medical documentary requirements (i.e DD Form 2808, and 2807.1 for US) from foreign states, as necessary;

- iii. Updated immunizations records on, but not limited to, the following may be required prior to issuance of clearance: Measles, Mumps, Rubella, Polio, Tetanus, Diphteria, Pertussis, Varicella, Haemophilus Influenza B, Typhoid, Hepatitis A and B, Yellow Fever, Rabies, Meningococcal, Shingles, Pnemococcal, Cholera, Japanese Encephalitis, etc.; (**Annex H**)

d. Promotion

- i. *Promotion Clearance* - medical clearance issued to any PCG personnel as a requirement for being promoted to the next higher rank in compliance with Deputy Chief of Staff for Human Resource Management, CG-1

e. Retirement / Separation

i. *Retirement clearance* – medical clearance issued upon receipt of directives from CG – 1 for the purposes of retiring from the service;

ii. *Separation / CDD clearance* – medical clearance issued related to a PCG personnel action / or recommendation for separation / discharge;

2. Medical clearances of apprehended persons requiring medical examination as part of routine interdiction procedures shall utilize the prescribed CGMED form for Physical Examination in duplicates.

a. Any Medical Officer authorized by TCS, CGMED shall issue this examination report;

3. Medical Clearances for Dive / Flight Training or Duty shall be issued to any PCG personnel that engages in underwater or airborne activities, respectively. Provided that:

a. Specialised tests shall be submitted on top of Sec. VI.A.5.a and 5.b of this Circular to include, but not limited to the following:

i. Spirometry – for the accurate evaluation of lung fitness;

ii. Audiometry – for the determination of auditory baseline measurements;

iii. Other specialized tests as indicated;

b. PCG Medical Officers with corresponding specialized trainings shall be authorized to issue this clearance;

4. Medical clearance may also be issued prior to recompression chamber procedures for stable patients evaluated / diagnosed with Decompression sickness (DCS) Type I or Type II only;

5. Medical Clearance for any other purpose not indicated in the previous provisions shall follow usual medical procedures, to include laboratory and neuro-psychiatric examinations where applicable;

6. Medical procedures conducted as part of medical evaluation shall be conducted in a systematic, and efficient manner in accordance with applicable provisions of RA 9482 or Anti Red Tape Act of 2007 (**Annex I**)

7. Issuance of medical clearances shall also follow the provisions as stated in the Citizens' Charter or ISO manual for uniformity;

8. Standing Operating Procedures shall be developed where applicable based on the provisions of this circular.

VII. SUMMARY OF REGULATIONS

A. Medical evaluations for ACTIVE SERVICE shall be categorized based on Allowable / Acceptable Findings (P1 - P3) or Disqualifiable / Dischargeable Findings (P4); Physical profile evaluation for ACTIVE SERVICE shall be further specified in the attached regulations (**ANNEX A**);

1. PCG personnel for CAD, Promotion, or Schooling (Local and Foreign) shall have a minimum Physical Profile 1 (P1);

2. PCG personnel for REENLISTMENT shall have a minimum Physical Profile 2 (P2);

3. PCG personnel for RETENTION in active service shall have a minimum Physical Profile 3 (P3);

4. PCG personnel unfit to further perform ACTIVE service shall have a Physical Profile 4 (P4)

B. PCG Applicants for PRE ENTRY shall have a minimum Physical Profile 1 (P1);

C. Allowable limits for PRE ENTRY for Height, Weight, Body Mass Index, or Abdominal Circumference and other related measurements shall be in accordance with current Command policy and guidance;

D. Medical Clearances with Physical Profile 4 (P4) for PRE ENTRY shall be issued to all other abnormalities or deficiencies particularly, but not limited to the following conditions:

1. Integumentary System – any form of tattoo, or artificial markings, in any part of the body; severe allergic reactions; any active bacterial, viral, fungal or mycotic infection; plantar warts (> 5mm) not treated, or affecting ambulation; disfiguring, extensive, long standing, or deep, or adherent hypertrophic scars; all forms of psoriasis; any skin inflammation to include dermatitis herpetiformis or seborrheic dermatitis; any form of lupus; syphilitic or tuberculoid, or malignant ulcerations; urticarial and/or angioneurotic edema; extensive discolorations; asymmetrical facial or any other repulsive appearance; alopecia; extensive burns that leave disfiguring scars or contracture; any other undesirable lesion or skin condition visibly unacceptable when wearing the uniform;

2. Visual System – poor visual acuity (Snellen Test > 20/100 in one eye and > 20/40 in the other eye); color blindness (Ishihara Test Score of 10); ptosis; pterygium; strabismus > 20°; any form of glaucoma affecting visual fields;

keratitis; nystagmus of any degree; papilledema or optic nerve atrophy; lens opacities; bilateral aphakia; retinal degeneration or detachment resulting to contracted or visual fields defect of < 20 degrees; uncorrectable diplopia exists; eye enucleation; anisekonia; any form of hemianopsia; night blindness; any eye or periorbital surgical procedures < one (1) year from the time of examination; or any other active or progressive, organic or functional disease of the eye impairing vision or protection, or which leads to significant degeneration or disability threatening optimum visual perception;

3. Auditory and Olfactory System

a. Ear - hearing loss severity (> 40 db); acoustic nerve dysfunction or permanent functional hearing loss due to acoustic trauma (hearing loss at 4000Hz by Pure Tone Audiometry); tinnitus; any degree of tympanic perforation; Eustachian tube dysfunction; inability to equalize pressure on both sides by Valsalva or similar maneuvers; auditory canal discharge, thickening, excoriation, or atresia; auricular deformity; Meniere's Disease, or recurrent vertigo or imbalance; acute or chronic otitis media or externa due to bacterial or fungal infection resulting to thickening and excoriation of the auditory canal requiring frequent or prolonged medical care or hospitalization; chronic mastoiditis or any other active or progressive otologic disease or conditions that impair hearing;

b. Nose - epistaxis; nasal septal deviation or perforation; nasal or polyps; cleft nose; chronic allergic rhinitis unresponsive to treatment; sinusitis; anosmia or any other active or progressive disease caused by anatomical or functional conditions that interfere or disrupts normal olfaction;

c. Throat - torus palatinus or mandibularis; chronic or recurrent tonsillitis; gross malformations of the buccal cavity; tongue abnormalities; abnormal uvula; voice change or laryngeal stenosis, polyps or paralysis; inducible laryngeal obstructions to include vocal cord dysfunction (paradoxical closure of the vocal cords), laryngomalacia causing significant respiratory symptoms; glottic edema; cleft lip, palate or branchial; obstructive sleep apnea; swallowing disorders; major ENT surgeries < one (1) year from the time of examination; neck enlargement requiring medical or surgical management; tracheal deviation; or any other abnormalities in phonation resulting to speech defects;

4. Gastrointestinal and Digestive System – diseases of the upper or lower gastrointestinal tract from the mouth to the rectal orifice to include dysphagia; achalasia; gastrointestinal bleeding; esophagitis; esophageal stricture; esophageal varices; gastric or duodenal ulcers; acute cholecystitis; biliary dyskinesia or Sphincter of Oddi dysfunction; lithiases or gallstones; pancreatitis; splenomegaly; hepatomegaly, amoebic liver abscess, or cirrhosis; intestinal obstruction or ileus, megacolon, diverticulitis, ileitis or colitis; inflammatory bowel disease to include Crohn's disease, or ulcerative colitis; intestinal strictures; irritable bowel syndrome; gluten sensitive enteropathy to include celiac disease or sprue; peritonitis or peritoneal adhesions; hiatal, umbilical or inguinal hernia; any form of external, internal, or mixed hemorrhoids; fistulous tract; proctitis; sinuses, malformations, inflammation, resection, adhesions, perforation, deviations or aberrations; major

abdominal surgeries < one (1) year from the time of examination; or any other anatomical or functional anomalies interfering with normal gastro intestinal function;

5. Cardiovascular System – any form of cardiac arrhythmias except sinus arrhythmia; cardiac murmurs; heart block; cardiac enlargement on chest x-ray; any form of valvular heart diseases; congenital anomalies including anatomic aberrations of the heart and great vessels; cardiomyopathy (pericarditis, myocarditis or endocarditis); aortic aneurysm; orthostatic hypotension, hypertension, or any other abnormal blood pressure or heart rate response; vasomotor instability, vasovagal syncope or neurocirculatory asthenia; coronary heart disease to include myocardial infarction, angina pectoris and other coronary syndromes; any vascular disorders to include peripheral vascular claudication; vascular insufficiency including prominent varicose veins; or any other condition exhibiting vascular compromise; phlebitis or any arterial or venous disease to include chronic venous insufficiency, Raynaud's phenomenon, periarteritis nodosa, thromboangiitis obliterans (Buerger's Disease) and other signs of poor perfusion, infection or inflammation; myocardial disease; rheumatic heart disease; pacemaker; prosthetic valve implantation; reconstructive cardiovascular surgery including angioplasty, bypass, grafting or stenting; coronary artery disease or revascularization; or any other cardiovascular illness requiring medical management or surgical intervention;

6. Respiratory System – history of severe respiratory tract infection, illness or condition to include pulmonary, latent tuberculosis infection (LTBI) or disseminated tuberculosis, asthma to include reactive airway disease, exercise-induced bronchospasm, asthmatic bronchospasm, or asthmatic bronchitis; bronchial stenosis; pneumothorax, hemothorax, hydrothorax, empyema, pleural fistula or any other respiratory illness resulting to decreased lung capacity (FEV < 70% predicted, or FVC < 70% predicted); cystic disease of the lung; diaphragmatic defect; non reversible atelectasis or massive lung collapse; emphysema; bronchiectasis; or any other restrictive or obstructive lung disease; lung infections to include histoplasmosis, coccidiomycosis, or blastomycosis; interstitial lung disease; pleurisy or pleural adhesions; pleural sarcoidosis; any form of lobectomy; or any other respiratory disease or condition requiring medical or surgical intervention;

7. Endocrine System – history of any metabolic illness to include pituitary (Diabetes insipidus, or SIADH), pineal, thyroid, parathyroid, thymus (myasthenia gravis), pancreas (diabetes), gonads (testicles or ovary); adrenal (pheochromocytoma); abnormal glycosylated hemoglobin (HbA1c); or any other illness or condition resulting to hormonal derangement or imbalance; hypokalemia; hyponatremia;

a. Impaired Fasting Glucose (IFG) defined as FBS of 100mg / dl (5.6mmol/L) to 125 mg/dl (6.9mmol/L);

b. Impaired Glucose Tolerance (IGT) defined as 2-H Plasma glucose in the 75-g OGTT of 140 mg/dL (7.8mmol/L) to 199 mg/dL (11.1mmol/L).

c. Diabetes Mellitus defined as FBS >126mg/dl (>7mmol/L) or two (2) hour plasma glucose > 200mg/dl (11.1mmol/L) during a 75gm OGTT; or an

individual with classic symptoms of hyperglycemia (polyuria, polydipsia or weight loss etc.); hyperglycemic crisis plus a random plasma glucose >200 mg/dL (11.1mmol/L)

d. Thyroid abnormalities (Hashimoto's, Graves, Thyroid Storm, etc.)

e. Adrenal abnormalities (Cushing's Syndrome, Addison's, etc.)

f. Parathyroid abnormalities (Hypocalcemia)

g. Any other anatomic or functional abnormality of an endocrine gland;

h. Any history of procedure (surgical, radiation, or chemotherapeutic) for an endocrine gland;

8. Genitourinary System – diseases of the upper or lower urinary tract; varicocele; cystitis; incontinence; atrophy; strictures; incontinence; any form of syphilitic infection; current or history of calculi or lithiasis; chronic kidney diseases to include glomerulonephritis, cystic kidney, hypoplastic kidneys; renal dysfunction or syndromes; congenital disease; blood, pus or albuminuria with or without casts consistent repeatedly for five (5) consecutive days; castration; perirenal abscess; persistent strictures or fistulas; any genito urinary condition unresponsive to medical management or requiring surgical intervention; major surgery of the urinary system; or any other anatomic or functional abnormalities interfering with normal urine production and excretion;

9. Reproductive System – penile foreign body to include petrolatum or any other artificial material; any form of hyposphadias; inflammatory condition like urethritis, seminal vesiculitis, epididymitis, prostatitis or orchitis; cervicitis; vaginitis; prostatic enlargement or hyperplasia; any foul smelling discharge; undescended testes or orchiectomy; history of parturition or lactation unless waived by current Command policy; abnormal uterine bleeding (AUB) to include severe menstrual cramps (dysmenorrhea); profuse menstrual bleeding (metrorrhagia); amenorrhea; endometriosis; ovarian cysts or torsion; hermaphroditism; history of hysterectomy or oophorectomy for any indication; or any other abnormal reproductive anatomical or functional condition requiring medical or surgical intervention;

10. Neurological System – history of any brain or spinal disease, illness or infection; conditions requiring neurosurgery; neurological infection or inflammation (meningitis); documented migraine, tension or cluster headaches; history of traumatic brain injury resulting to organic and / or functional disability; congenital anomalies (like hydrocephalus, or arteriovenous malformations); any history of stroke; narcolepsy, somnambulism or other sleep disorders; degenerative disorders (like Huntington's or, Freidreich's ataxia, athetosis) ; disabling residual infection (like Sydenham chorea); any form of seizure, epileptic, or convulsive

disorder or disturbance of consciousness; central or peripheral nerve disorders (myasthenia gravis); limitation in locomotion and balance; nerve palsy, neuralgia; neuropathy or neuritis; or any other history of neurological condition requiring medications or surgical mediation to sustain stability;

11. Musculoskeletal System

- a. all facial fractures; all cranial defects whether congenital, acquired, or traumatic in nature; non union or mal union of any fracture of the body; temporomandibular joint dysfunction or dislocation; faulty development or absence of the clavicle;
- b. any dislocation, disarticulation, impingement, degeneration, or disc herniation; any form of radiculopathy; any other skeletal condition resulting to anatomical or functional (motor or sensory) deficit; spondylolysis or listhesis requiring frequent hospital visits; coxa vara;
- c. any nerve condition resulting to neuromuscular paralysis, atrophy or dystrophies to include facial paralysis, tics, or neuralgia; flaccid or spastic paralysis; myotonia; sciatica; spina bifida or root or cord involvement;
- d. any deficiency in musculoskeletal development to include short stature, asthenia, or poor thoracic constitution; fused nails; polydactyly (extra digits);
- e. any condition or illness that limits full range of motion to include contractures, recurring or permanent torticollis; severe fixed deformity with cervical scoliosis resulting to loss of cervical mobility; any deformities (Paget's Disease), infection (Pott's Disease), inflammation (osteomyelitis); symptomatic flat foot; club foot of any degree; claw toes;
- f. any gait abnormalities to include diseases of the hip, knee (genu valgus or varus), ankle joints, or feet (pes planus, hallux valgus, talipes cavus); poliomyelitis; perceptible limping or inability to properly ambulate; plantar fasciitis or heel spur syndrome;
- g. any joint inflammatory diseases (arthritis, bursitis, ankylosis, or chondromalacia); nonradicular pain involving the cervical, thoracic, lumbosacral, or coccygeal spine whether secondary to idiopathic or secondary to degenerative disc or joint disease;
- h. any form of perceptible asymmetry or palpable mass along the spinal column; scoliosis > 1 inch deviation (or Cobb's angle > 10°) from midline; congenital anomalies (cauda equina); lordosis; kyphosis;
- i. any loss or amputation of the phalanges; nail avulsion; major surgeries < one (1) year from the time of examination;

12. Special Considerations:

a. *Psychiatric Conditions* – as listed in the latest Diagnostic and Statistical Manual (DSM) classification of mental disorders and / or International Classification of Disease (ICD) Classification of mental disorders; disorders with psychotic features; bipolar and depressive disorders; anxiety, obsessive-compulsive, dissociative, somatic, traumatic and stressor related disorders; neurocognitive disorders; chronic adjustment disorders; feeding and eating disorders; history of psychiatric illness with or without use of antipsychiatric drugs; inappropriate gender orientation; any form of phobias disrupting normal thought processes; any other mental disorder to include delusions, visual or auditory hallucinations, aggression, mood or personality disorders; any history of unprescribed prohibited and / or regulated drug use;

i. Poor scores in various psychological measurement tests to include, but not limited to Intelligence Tests, Aptitude Tests, Personality Tests, or Projective Techniques;

ii. Not granted clearance on neuropsychiatric evaluation for two (2) consecutive instances six (6) months apart;

b. *Malingering Acts* – are erroneous, selective, or omitted disclosure of any part of medical history, or pretentious deeds to deliberately conceal factual circumstances; fabrication or exaggeration of symptoms of mental or physical disorders for a variety of motives, to include acceptance into the uniformed service or any other reason for personal gain;

c. *Dental Disorders* – any painful condition of the dento-oral tissues; Skeletal Class II (moderate and heavy calculus; root canal treatment; chronic oral infections; or conditions requiring corrective and preventive measures); Class III (requiring essential prosthetic appliances), malocclusion; skeletal open bite; any other dental condition as provided by current dental policy;

d. *Malignancies, Neoplasms, Systemic and Autoimmune Disorders* – all forms of enlarging mass of variable activity, whether solitary or disseminated, that presents anywhere in the body to include malignancy, cancerous lesions or new growth requiring surgery, chemotherapy, radiation, and the like; palpable breast mass > 1 cm; any form leukemia or blood dyscrasias; hemophilias; lupus; any disorder of the lymphatic system; any other diseases of auto immune response; Sickle Cell trait; malignant hyperthermia; rhabdomyolysis; Exertional Heat Illness to include heat exhaustions, heat injury, and heat stroke;

e. *Transmissible Diseases* – all forms of infectious or communicable diseases to include but no limited to sexually transmitted diseases like Hepatitis B virus, Treponema (Syphilis), Human Immunodeficiency Virus (AIDS), Human Papilloma Virus (Cervical Cancer or Genital Warts); helminth infestations and other parasitism; leprosy; rabies; meningococcal; poliovirus; measles, mumps, rubella; tetanus, diphtheria, pertussis; varicella; herpes; influenza; pneumococcal; cholera; Japanese encephalitis; or any other pathogens that may be transmitted through droplets, close contact, or blood; any disease declared by the Department of Health that may be a precursor for an epidemic;

VIII. SEPARABILITY CLAUSE

If any provision or portion of this circular is declared unconstitutional, contrary to law, or invalid, other provisions shall not be affected and shall remain in force and effect.

IX. RESCISSION:

All procedures inconsistent with this circular are hereby rescinded.

X. EFFECTIVITY:

This circular shall take effect fifteen (15) days upon its publication by the Coast Guard Adjutant.

BY COMMAND OF VICE ADMIRAL GARCIA:

OFFICIAL:


LIEZEL B BAUTISTA
CDR **PCG**
Coast Guard Adjutant

JOSE WILLIAM U ISAGA
COMMO PCG
Chief of Coast Guard Staff



ANNEX A

DEPARTMENT OF NATIONAL DEFENSE
GENERAL HEADQUARTERS
ARMED FORCES OF THE PHILIPPINES
Camp General Emilio Aguinaldo
Quezon City
01 August 2014

**STANDARDS OF PHYSICAL EXAMINATION
IN THE ARMED FORCES OF THE PHILIPPINES**

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ANNEX B

SECTION II

PHYSICAL EXAMINATION PROFILING SYSTEM

11. **PHYSICAL PROFILE SYSTEM** - is a method of categorizing and determining physical and mental health fitness of military personnel and applicants to the AFP. The physical profile serial system is based primarily upon the functional ability of an individual to perform general military duties. In relation to performance, the functions of the various organ systems and integral parts of the body are considered. There should be clear and accurate description of the examinee's physical and mental conditions aside from functional grading. The analysis of the individual's physical and mental status plays an important role in his future assignment and welfare.

12. SIX (6) HUMAN FUNCTIONS OR FACTORS CONSIDERED IN PHYSICAL PROFILING:

a. The physical profile system includes six (6) human functions or factors (PULHES) described below. The factors to be considered, the parts affected, and the bodily functions involved in each of these factors are as follows:

1) **"P" - Physical capacity or stamina** - refers to age, build, strength, stamina, height, weight, agility, energy, muscular coordination, functions and similar factors, and organic defects and disease that do not fall under other specific factors. This is the KEY FACTOR in the classification of an examinee.

2) **"U" - Upper extremities** - refers to functional use in terms of strength, range of motion, general efficiency and structural defect of hands, arms, shoulder girdle to include cervical, thoracic and lumbar spine.

3) **"L" - Lower extremities** - refers to functional use in terms of strength, range of motion and general efficiency of feet, legs, pelvic girdle to include lower sacral spine.

4) **"H" - Hearing** - refers to auditory acuity, and assessment of organic ear lesions and defects.

5) **"E" - Eyes** - refers to visual acuity and assessment of organic lesions and defects of the eyes and lids.

6) **"S"** - refers to overall mental and behavioral fitness.

b. There are four (4) grades in each of the six (6) factors. For ease of application and to ensure uniformity of recording, these regulations shall be used as a guide for considering certain specific defects.

c. Minor physical defects will not automatically downgrade the profile of an individual because defects have different impacts in relation to performance of duties. While the defect must be given consideration in

accomplishing the profile, it is important to consider function and prognosis especially regarding the possibility of aggravation of defect or deterioration of function. Based on the Medical report, the classification may more readily assess the individual's ability to fill in certain duty positions. The individual's profile therefore must state whether the individual may be assigned in certain duty positions.

d. The "P" factor is to be used to indicate organic defects which may not necessarily be reflected in the other factors "U", "L", "H", "E" and "S". e.g. Hernia, dental defects and others. If an individual has a higher number in one of the factors other than the "P", the "P" should always correspond to the highest number or may even be higher if systemic defects are present. The "P" letter is the key factor and is used to indicate the general physical classification as follows:

1) Profile 1 (P1) - refers to personnel who are free from diseases or abnormalities. An individual is expected to be physically capable and psychologically stable to engage in general military service such as may engage in fatiguing work, marching and prolonged hand to hand combat for long periods of time.

2) Profile 2 (P2) - refers to personnel with minor defects and slight limitations of movement, with controlled disease entity and free from any end organ damage, but can perform combat tasks, drills and ceremonies.

3) Profile 3 (P3) - refers to personnel with certain ailments/diseases but may serve in combat support capacities within an Infantry Division or its equivalent, including ability to march, work for long periods of time and defend himself in close encounter.

4) Profile 4 (P4) - refers to personnel with permanent/total disabilities who are unqualified for military service as he fails to meet criteria of the first three classifications. They may qualify for separation from military service with a Certificate of Disability Discharge (CDD).

13. SUFFIXES TO PROFILE 3: In order to make the profile serial more informative, a code letter, or a combination of code letters will be used as suffixes to P3, where applicable, as specified below:

a. "R" - indicates that an individual has a remediable physical defect, which does not prevent utilization or function and the correction of which would improve the general health and welfare of the individual. These defects must be corrected or treated *within six (6) months* after the examination.

b. "T" - indicates that the individual has a correctable temporary physical defect, temporary in nature. For example an individual with hernia or other udefects that would prevent an immediate combat assignment. Such individuals are temporarily disqualified and immediate measures must be taken for their treatment / hospitalization.

c. "D" - indicates that the individual has a physical defect, which under current standards is disqualifying and if in the service should be cause for hospitalization and for appropriate disposition.

Determining individual assignment or duties to be performed is a command or administrative matter. Limitations such as "no field duty," are not proper medical recommendations. They are included however, as administrative guidelines in physical profiles. Profiling officers should provide enough information regarding the Military Personnel's physical limitations. This is to enable the non-medical commander to determine individual assignments or duties.

It is the responsibility of the commander or personnel management officer to determine the appropriate assignment and duty of military personnel. This is based upon knowledge of the Military Personnel's physical profile, assignment limitations, and the duties of his or her grade and Military Occupational Specialty (MOS).

14. PHYSICAL PROFILE SERIAL CHART: Below is a profile chart indicating therein key limiting characteristic of each factor in the profile. For details, see succeeding sections covering the different organ system.

PHYSICAL PROFILE SERIAL CHART 1

Profile Serial	P Physical Capacity or Stamina	U Upper Extremities	L Lower Extremities
1	Able to perform maximum sustained effort for indefinite period of time	Bones, Joints and muscles normal, should be able to do hand-to-hand fighting.	Bones, muscles and Joints normal. Must be capable of performing long marches and prolonged standing over long periods. No defects, which disqualify for running, climbing and digging.
2	Able to perform sustained effort over long periods.	Slightly limited joint mobility, muscular weakness or other muscular skeletal defects which do not prevent hand - to - hand fighting and do not disqualify for prolonged effort.	Slightly limited mobility of joints, muscular weakness or other muscular skeletal defects which do not prevent moderate marching, climbing, running, digging or prolonged effort.
3	Able to perform sustained effort for moderate periods under combat support conditions.	Defects causing moderate interference with function but capable of sustained effort for short periods.	Defect causing moderate interference with function but capable of sustained effort for short periods.
4	Below minimum standards for the Armed Forces. [Functional level below P3]	Below minimum standards for the Armed Forces. [Functional level below U3]	Below minimum standards for Armed Forces. [Functional level below L3]
Factors to be Evaluated	Organic defects, age, build, strength, stamina, height, weight, agility, energy, muscular, coordination, function and similar factors. Disease and other conditions that may be aggravated by military service or duty.	Strength, range of motion and general efficiency of upper arms, shoulder girdle and back including cervical, thoracic and lumbar vertebrae.	Strength, range of movement and efficiency of foot, legs, pelvic girdle and lower back.

<p>3</p>	<p>hearing aid</p> <p><i>Whispered voice test:</i> 8/15 in one ear, <8/15 in the other</p> <p>No active or progressive otologic disease.</p>	<p>each eye, correctable to 20/30 in one eye and 20/100 in the second eye.</p> <p>Also includes those individuals with any degree of defective vision in one eye from below 20/200 to no light perception.</p> <p>Minimum vision of 20/70 & 20/100 correctable to 20/20 including vision of 20/40. 20/50 not correctable.</p> <p>J12-JN correctable to J1.</p>	<p>disorder</p> <p>c) Mood disorder with psychotic symptoms (partial remissions)</p> <p>[P3 - Satisfactory remission from an acute psychotic or neurotic episode that permits utilization under specific conditions (assignment when outpatient psychiatric treatment is available or certain duties can be avoided)</p>
<p>4</p>	<p>PTA: Severe to profound hearing loss, >61 db hearing level) w/ or w/o hearing aid</p>	<p>Visual acuity of 20/200 and below; Inability to distinguish any color; with active, progressive, organic disease.</p>	<p>a) Psychotic disorders schizophrenia, delusional disorder, psychotic disorder not otherwise specified.</p> <p>b) Anxiety disorder, severe and recurrent - Generalized anxiety disorder, post-traumatic disorder, panic disorder.</p> <p>c) Somatoform disorders.</p> <p>d) Personality disorders.</p> <p>e) Organic mental disorders and cognitive disorders.</p> <p>f) Substance related disorders.</p>

PHYSICAL PROFILE SERIAL CHART 2

Profile Serial	H Hearing- Ears	E Vision-Eyes	S Psychiatric
1	<p>Normal acuity</p> <p><i>Pure Tone Audiometry (PTA):</i> <25 decibels</p> <p><i>Whispered voice test:</i> 15/15 bilateral</p>	<p>Meets acceptable ocular standards with a vision of 20/20 in each eye with normal visual fields, intra-ocular pressure and funduscopy. No organic disease of either eye exists. Ability to distinguish all primary colors. J1, OU for near vision.</p>	<p>No psychiatric disorder</p>
2	<p><i>PTA:</i> Mild hearing loss, 26-40 decibels hearing level</p> <p><i>Whispered voice test:</i> 8/15 above in one ear, not < 8/15 in the other</p> <p>No active or progressive otologic disease</p>	<p>Meets acceptable ocular standards with a visual acuity not less than 20/100 in each eye, correctible with glasses to 20/20 in each eye with normal visual fields, Intraocular pressure and funduscopy.</p> <p>No existing organic disease of either eye. Has an ability to distinguish all primary colors.</p> <p>For near vision Jaeger 3 to Jaeger 5 correctible with glasses to J1, on OU (both eyes) for near vision.</p>	<p>May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcohol or drug addiction.</p> <p>a) Mild anxiety (situational anxiety)</p> <p>b) Adjustment disorder, acute</p> <p>c) Mood disorder, single episode - major depressive disorder (single episode); bipolar I disorder (single manic episode)</p> <p>d) Psychiatric disorder with mild Impairment of functional capacity.</p>
	<p><i>PTA:</i> Moderate hearing loss, 41-60 decibels hearing level) w/ or w/o</p>	<p>Meets acceptable standards with a visual acuity with minimum vision of 20/200 in</p>	<p>a) Schizophreniform disorder</p> <p>b) Schizoaffective</p>

			<p>h) Mood disorders with psychotic features, severe and recurrent.</p> <p>[Does not meet S3 above]</p>
Factors to be Evaluated	Auditory acuity and organic defects of the auditory system	Visual Acuity and organic defects of the eyes and lids.	<p>Type, severity and duration of the psychiatric symptoms or disorder existing at the time of profile are determined. Amount of external precipitating stress. Predisposition as determined by the basic personality make-up, intelligence, performance and history of past psychiatric disorder impairment of functional capacity.</p>

15. CLASSIFICATION, VERIFICATION AND REVISION OF PROFILE:

a. Classification of physical profile is done for all officers during annual physical examination and three (3) years for enlisted personnel during reenlistment. It is also done before a training course and immediately prior to duty from hospitalization.

b. Physical profile of all individuals with "R" defects is reviewed by the unit Surgeon/Chief Surgeon every six (6) months. This is for the purpose of remedial action. Commanding Officers will ensure that all such individuals receive such medical/surgical treatment to remove the suffix. Any "R" suffix remaining for more than six months shall be subject for re-evaluation or disposition by the unit commander.

c. Individuals with "T" and "D" suffixes shall be immediately evacuated to the nearest AFP hospital for treatment and disposition.

d. Physical profile of military personnel is independent from his performance in the Physical Fitness Test (PFT) which is based on age, gender and other physical factors that affect the results of the PFT.

ANNEX C

ICD-10

**International
Statistical
Classification
of Diseases and
Related Health
Problems**

10th Revision

**Volume 2
Instruction manual**

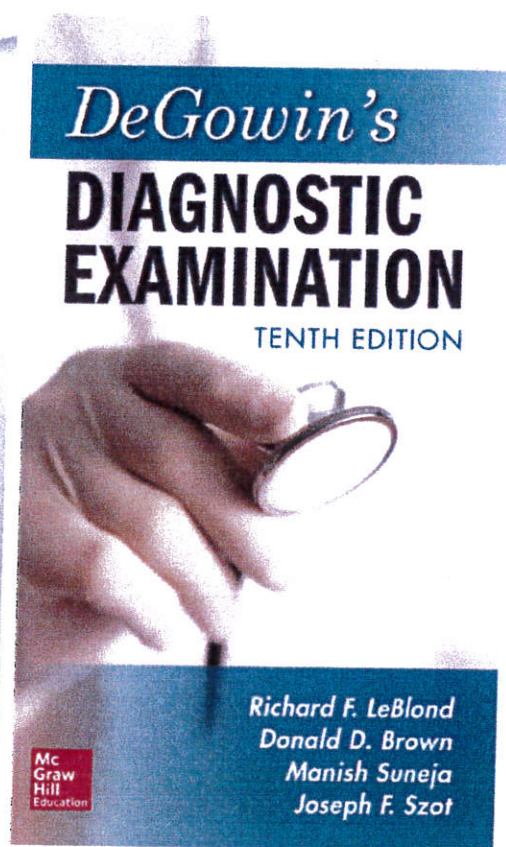
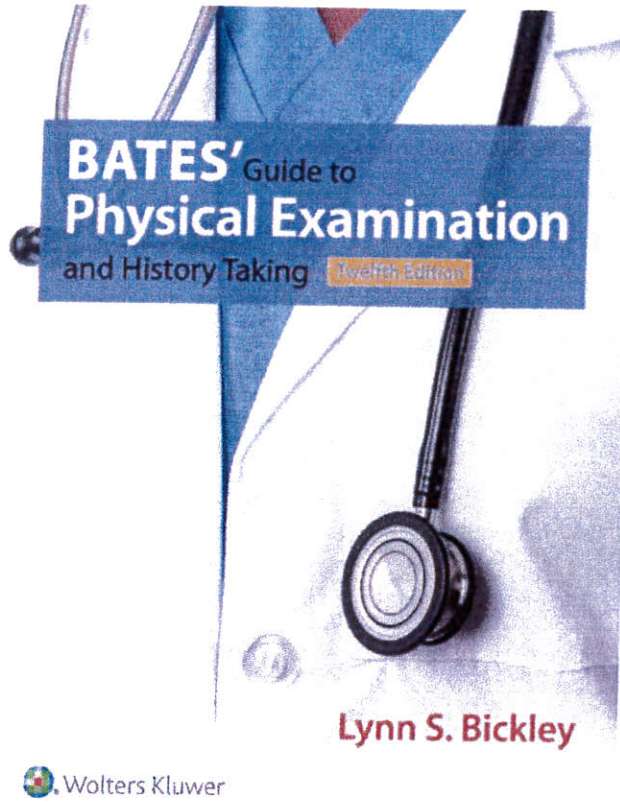
2010 Edition



**World Health
Organization**

ANNEX D

ANNEX D TEXT REFERENCE FOR THE CONDUCT OF PHYSICAL EXAMINATIONS



ANNEX E

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

PHILHEALTH CIRCULAR

No. 0035 s. 2013
Long

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs), AND ALL OTHERS CONCERNED

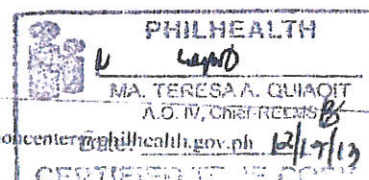
SUBJECT : ACR POLICY NO. 2 --- IMPLEMENTING GUIDELINES ON MEDICAL AND PROCEDURE CASE RATES

I. BACKGROUND

Pursuant to PhilHealth Board Resolution No. 1679, s. 2012, PhilHealth Board Resolution 1758, s. 2013 and PhilHealth Circular (PC) No. 0031 s. 2013 re: "Governing Policies in the Shift of Provider Payment Mechanism from Fee-For-Service to Case-Based Payment", the medical conditions, and procedures with their corresponding case rate grouping and rates are hereby prescribed together with the specific guidelines on its availment and implementation.

II. DEFINITION OF TERMS

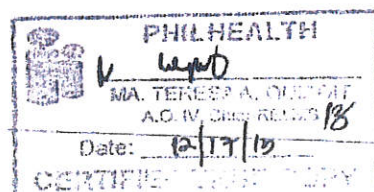
- A. Benefit schedule - The benefit schedule is a complete listing of medical conditions, and procedures with corresponding rates that are reimbursed by PhilHealth.
- B. Case rate (CR) - Fixed rate or amount that PhilHealth will reimburse for a specific illness/case.
 1. Medical case rate - Case rate category that covers groups of medical conditions reimbursed by the Corporation. These are based on International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD 10).
 2. Procedure case rate - Case rate category that covers procedures or surgical interventions reimbursed by the Corporation, which are based on the Relative Value Scale (RVS).
 3. First case rate - Case rate claimed by health care institutions (HCI) for PhilHealth reimbursement which represents/covers the medical condition of the patient with the most resources used, not necessarily the main condition.
 4. Second case rate - Case rate claimed by HCIs for PhilHealth reimbursement which represents/covers the medical condition of the patient with the second most resources used.
- C. Case rate code - Code developed by the Corporation assigned to groups of medical conditions, and individual procedures.
- D. Case rate group - One or several medical conditions or procedures of similar nature, hence, with the same case rate.
- E. Health care provider - This refers to both the professional health care providers and health care institutions (also known as facilities).
- F. Immediate cause of death - ICD. 10 defines immediate cause of death as the disease or condition directly leading to death. This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.



- G. Overlapping claims - Overlapping of claims happens when two or more claims of one beneficiary have the same or intersecting confinement periods.
- H. Single period of confinement (SPC) - Single period of confinement rule means that admissions and re-admissions due to the same illness or procedure within a 90-calendar day period shall only be compensated with one (1) case rate benefit. Therefore, availment of benefit for the same illness or procedure that is not separated from each other by more than 90 calendar days will not be provided with a new benefit, until after the 90-calendar day period reckoned from the date of admission.
- I. Total actual charges - This refers to the total expenses during the confinement of the patient for a particular medical condition, or procedure. This includes all fees collected from the patient for the confinement which is not limited to the HCI and professional fees (PF). This shall also include laboratory procedures, medicines, and supplies, among others, that are paid for by the patient but not reimbursed by the HCI.

III. CASE RATE DETERMINATION, CODES AND GROUPING

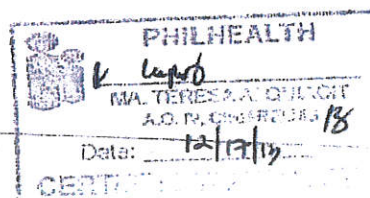
- A. International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD 10) and Relative Value Scale (RVS) shall be used for identifying medical conditions and procedures. The codes of reimbursable medical conditions and procedures shall be given specific rates.
- B. Rates for medical conditions and procedures shall be set by the Corporation through a transparent process that takes into account the following, among others:
 - 1. The evaluated rates as studied per medical condition or procedure within the limits of the resources of the Corporation,
 - 2. Claims data such as average value per claim (AVPC) in hospitals, preferably tertiary hospitals, in the most recent year/s,
 - 3. Consultations with HCIs, professionals, and other stakeholders,
 - 4. Results of review of post-audit monitoring and evaluation,
 - 5. Relevant appraised studies on costing, rates, fair professional fees, and the like
 - 6. Existing reimbursement schedule and its limitations such as the use of specialist's peso conversion factor of 56 pesos for computation of professional fees for procedures with relative value unit (RVU).
- C. Case rate determination for the initial all case rates shall be based on the following:
 - 1. Relevant claims data from Levels 3 and 4 (now classified as Level 2 and 3, respectively) government and private hospitals for the immediate past two (2) years shall be among the significant inputs to the case rates. An additional percentage above the AVPC per medical condition shall be considered subject to actuarial evaluation.
 - 2. The professional fees for procedures with RVUs shall be studied taking into consideration the complexities of the procedures. In order to pay within the reimbursement limits of the fee-for-service scheme, a formula shall be designed based on the RVUs, to cover for PF that takes into account payments to the doctor/s doing the procedure, providing anaesthesia services, and clearing the patient for the specific procedure.
 - 3. The health care institution fees for procedures shall be studied based on AVPC, computed rates, and expert consultations, among others.
 - 4. Medical conditions of similar nature and/or management shall be grouped together whenever feasible.
- D. Case rate codes and/or package codes shall be created for all case rates medical conditions and procedures.



- E. Special rates may be assigned to specific medical conditions and/or procedures in order to promote equity and rationalize the benefit costs given the resource limitations of the Corporation (e.g., dialysis, chemotherapy, cataract, cesarean section, etc).
- F. Medical conditions or procedures not listed in the current ICD 10 and/or RVS codes shall be referred to PhilHealth for proper code assignment and determination of rates.

IV. GENERAL RULES

- A. The case rates shall be the only reimbursement rates for all specified cases. These rates shall be the amount to be paid to the health care institutions and shall include the professional fees. Medical conditions and procedures that are not in the list shall no longer be reimbursed.
- B. Admission due to patient's choice shall not be reimbursed by the Corporation. Only those with indication for admission shall be reimbursed.
- C. Case rate payments shall cover for the PF and all HCI charges including, but not limited to room and board, diagnostics and laboratories, drugs, medicines and supplies, operating room fees, and other fees and charges. Pre-operative diagnostics done prior to confinement are not covered in the case rate payment.
- D. Computation of Reimbursement
 1. For medical case rates, the HCI fee and PF shall be 70% and 30% of the case rate amount respectively.
 2. For procedure case rates, the following shall be the basis for computation except for specified cases:
 - a. The PF shall be computed as $RVU \times 56 \times 1.5$ except for specified procedure case rates.
 - b. The HCI fee shall be the remaining balance when the PF is subtracted from the case rate amount.
 3. A list of the complete benefit schedule for medical and procedure case rates (including the exemptions) is provided in Annexes 1 and 2, and shall be posted in the PhilHealth website.
 4. When a patient has multiple conditions that are actively being managed during one confinement, the health care provider may claim for two case rates relevant to the conditions of the patient.
 - a. The first case rate shall be the medical condition or procedure that used the most resources (drugs and medicines, laboratories and diagnostics, professional fees, etc) in managing the patient. The second case rate shall be the medical condition, or procedure with the second most resources used.
 - b. A case rate group shall not be allowed to be used both as first and second case rate in one claim except for procedures with laterality. Rules on procedures with laterality are found on item IV. G. 4 of this circular.
 - c. Initially, not all medical conditions or procedures may be claimed as second case rate. A list of medical conditions, and procedures allowed as second case rate is provided in Annex 3. Medical conditions and procedures not included in Annex 3 shall not be reimbursed as second case rate.
 5. For a claim with a combination of case rates i.e., medical condition and medical condition; medical condition and procedure; or procedure and procedure, the provider shall be paid the full case rate amount for the first case rate plus 50% of the second case rate.
 - a. If the second case rate is a medical condition, the 50% shall be divided into 30% professional fee and 20% health care institution fee.



ANNEX F

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."



**DEPARTMENT OF HEALTH
DEPARTMENT OF SCIENCE AND TECHNOLOGY
PHILIPPINE HEALTH INSURANCE CORPORATION**

**HEALTH PRIVACY CODE IMPLEMENTING THE JOINT
ADMINISTRATIVE ORDER NO. 2016-0002 "PRIVACY GUIDELINES
FOR THE IMPLEMENTATION OF THE PHILIPPINE HEALTH
INFORMATION EXCHANGE".**

WHEREAS, Joint Administrative Order No. 2016-0002 entitled "PRIVACY GUIDELINES FOR THE IMPLEMENTATION OF THE PHILIPPINE HEALTH INFORMATION EXCHANGE" was approved on January 20, 2016 and took effect on _____, _____ days after its complete publication in a major newspaper of national circulation in the Philippines, implementing Republic Act No. 10173 also known as the Data Privacy Act of 2012.

NOW THEREFORE, the following rules are hereby promulgated:

Part 1: Preliminary

1. Introduction.

Pursuant to the state policy enshrined in the Constitution to provide quality health care to the Filipino people while protecting and promoting the right to privacy, the Department of Health (DOH), in cooperation with the Department of Science and Technology (DOST), Philippine Health Insurance Corporation (PhilHealth), University of the Philippines-Manila (UPM) and the Commission on Higher Education (CHED), established the National eHealth Program (NeHP) that envisions widespread information-technology (IT)-enabled health services by 2020.

Part 2: Health Information Privacy Rules

Rule 1

Collection and Processing of Health Information

1. Consent.

The consent shall conform to the requirements or characteristics of a valid informed consent which consist of the following:

- A. Competence-** of sound mind, at least 18 years old, and not under the influence of drugs or liquor;
- B. Amount and Accuracy of Information-** Relevant factual data about a procedure and/or treatments, its benefits, risks, and possible complications or outcomes;
- C. Patient Understanding-** Education, language or dialect;
- D. Voluntariness-** Make an autonomous decision without force or intimidation, and understands that he/she can withdraw consent anytime without consequence;

1.1. For Persons with Disabilities (PWDs).

Use of appropriate means of communication such as verbal or sign language.

1.2. Persons to Obtain Consent.

Consent shall be obtained by a duly authorized staff who shall be responsible for informing the patients regarding the implementation of the PHIE, and the validation of patient information.

1.3. Persons to Give Consent.

Consent shall be given by a patient of legal age and sound mind, or otherwise incapacitated to give consent, any of the following in the order stated hereunder, can give consent:

- (a) Immediate relatives within the 3rd degree of consanguinity based on hierarchy: provided, that in the case of minors, either parent may give consent, unless the married, in which case, preference shall be given to the mother;
- (b) Cohabitant partner for a minimum of one (1) year or actual and identified guardian of the patient;
- (c) Social worker;
- (d) Attending physician.

Provided, that if a patient has a duly executed advance directive or power of attorney for healthcare, the same shall be given effect.

1.4. When to Get Consent.

Upon order of discharge/prior to discharge from the health facility.

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."

1.5. The Consent Form.

The standard "Consent for Participation to PHIE" shall be used by participating health care providers.

1.6. Valid formats of consent.

Consent can either be in written, recorded, and/or in electronic form. It must be signed by the patient, guardian, or authorized representative, in accordance with this code. If a patient is incapable of affixing his or her signature, a finger print, thumb mark, electronic signature, or other biometrics may be considered, provided that a witness of legal age and sound mind is present.

1.7. Revocation and Reinstating Consent.

Where consent was previously given by an authorized representative on behalf of an unconscious or otherwise incapacitated patient, such consent may be subsequently revoked by the latter once he or she recovers consciousness or regains the capacity to give consent.

1.8. Exemptions for Consent.

Consent shall not be required for the processing of personal data in the PHIE under the following conditions:

- (a) For purpose of medical treatment, carried out by a medical practitioner or a medical treatment institution;
- (b) When necessary to protect the life and health of the patient or another person, and the patient is not legally or physically able to express his or her consent prior to the processing;
- (c) When processing is requires by existing law and regulation, such as, but not limited to:
 - (1) Act 3573: law of reporting of communicable diseases;
 - (2) Administrative Order No. 2008-0009: Adopting the 2008 revised list of notifiable diseases, syndromes, health-related events and conditions.

2. Point of Collection of Information.

Collection of information shall start at the time of registration in the health facility and shall be carried out in the admitting or registration section. Subsequent collection of information shall be undertaken at different points of the care provided to the patient.

3. Processing of Information.

Processing of Health Information may be through an Electronic Medical Record (EMR) system or Health Facility Information System for service transactions within the coverage and capability of the Health Facility Information System. If the health facility does not have an EMR system in place, encoding and processing of patient information will be coordinated through the medical records section or health facility information management section.

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."

4. Patient Identifier.

A patient's unique identifier shall be his or her PhilHealth Personal Identification Number.

5. Point of de-identification.

Only de-identified health information shall be stored in the PHIE Data Warehouse. De-identification shall be performed upon contact with the Participating Health Care Provider (PHCP). The PHCP shall transmit information from patients' records to PHIE as shared health record or as part of PHIE's data warehouse. If the patient consents, the patient's health record, or as part of the PHIE as a shared health record, or as part of the PHIE's health data warehouse.

Where the consent of a patient has been obtained, his or her health record may be processed in the PHIE without the need for de-identification. Otherwise, health information must be de-identified, leaving only those information necessary for immediate statistical reference.

6. Highly Communicable Disease and Special Conditions.

For patients with special conditions and/or highly communicable diseases such as, but not limited to, HIV, Ebola, MERS-COV, special codes shall be given. Additional documents shall also be signed by the patient, attending physician and head of the facility.

7. Authorized personnel to amend data if required.

Data collection and processing shall be done by an authorized employee of the health facility and shall ensure that Clinical Practice Guidelines are observed when changing data, specifically:

- A. original entry must be visible;
- B. change must be dated and countersigned, or logged; and
- C. reason for the change must be entered or specified.

The medical social worker or some equivalent personnel shall collect information, especially salient points such as family information, socio-economic profile, and other vital data.

8. Reportorial Requirements.

In compliance with Act No. 3573 also known as the "Law on Reporting of Communicable Diseases", all notifiable diseases, syndromes, events and conditions shall be immediately collected and reported to the local and national authorities.

Conforming to Executive Order No. 292 (s.1987), relevant information on the country's health situation shall be collected, analyzed and disseminated by appropriate authorities provided that health information of patients shall be protected and shall statistical data shall only be provided.

9. Information to be Shared.

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."

PHCPs shall share health information exclusively for continuity of medical services. Health information shall be retained and shared only for purposes prescribed upon its collection.

10. Filing and Storage

- A. All information collected at different levels of care shall be integrated into a common file. An electronic archiving system shall be developed for the storage of electronic data.
- B. Health care providers shifting to electronic records shall ensure that their paper records are stored properly. Paper records shall be digitized for the purpose of preservation and not destruction.
- C. Subject to existing regulations, all medical records, whether in electronic and/or paper format, shall be stored for fifteen (15) years. For medico-legal cases, records shall be stored for a lifetime.
- D. Providers of electronic medical records shall have a filing and storage protocol.

Rule 2

Access of Health Information

1. Access of Health Care Providers.

Upon patient consent, only a health care provider and authorized entities as defined in Article IV, Section 1, shall have access to the patient's health information.

1.1. Accessible Information for Health Care Providers.

For healthcare providers, accessible information shall consist of the following:

- a. History of past illness;
- b. Family history of illness;
- c. History of present illness;
- d. Clinical history, including immunization records, previous operations and treatment;
- e. Allergies;
- f. Medication history including adverse effects, if any;
- g. Results of laboratory and diagnostic procedures;
- h. Treatment outcome (Final diagnoses shall be included whether clinical or confirmed).

1.2. Approval of Access.

The creation of user credentials for personnel that shall have access to electronic medical records must be requested based on the recommendation of the head of the medical record section or unit of a health facility and subject to the approval of the head of the facility.

2. Access of Patient or Client.

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."

Consenting patients or clients shall have rights to access on how their health information is used. The health facility shall ensure that disclosures and any subsequent changes are in accordance with the law and are properly documented.

2.1. For Minors.

Either parent or a legal guardian shall have access to the child's health information. Where legal custody has been granted to only one parent or where the child has no parent, only the parent with legal custody or the person appointed by the court as legal guardian of the minor shall be allowed access to the records.

2.2. For the incapacitated.

Where the person requesting access to the health information is incapacitated, a person in whose favor a special power of attorney has been executed shall be allowed access to the records.

3. Access of Third Party.

Any third party will be allowed access to health information of a patient in cases required by law, or when such access is authorized under a valid contract to which the patient is a party.

3.1. Third Party Use and Disclosure.

A third party shall not disclose health information unless provided in a contract or required by law. It shall use appropriate safeguards to prevent use and disclosure of the health information other than as provided by contract or as required by law.

Such third party shall report to the health care provider any unauthorized use or disclosure of health information it becomes aware of, including personal data and security incidents.

Rule III

Use and Disclosure of Health Information

1. Use and Disclosure.

Use and disclosure of health information shall be limited to that covered by the consent given by the patient, or his or her authorized representative, and shall only be for the following purposes:

- A. Planning of quality services;
- B. Reporting of communicable, infectious and other notifiable diseases, including those that pose a serious health and safety threat to the public such as, but not limited to:
 - a. Meningitis;
 - b. Food Poisoning (Mass);
 - c. Breakthrough epidemic of contagious disease;

Health Privacy Code Specifying the Joint A.O. No. 2016-0002, "Privacy Guidelines for the Implementation of the Philippine Health Information Exchange."

- d. Biological or chemical warfare;
- e. Emerging and re-emerging diseases;

- C. Continuing care to patients;
- D. Reporting of physical injury;
- E. Reporting of interpersonal violence to proper authorities;
- F. Reporting of diseases as registered in the Philippine Integrated Diseases Surveillance and Response;
- G. Mandatory reporting required by licensing and accreditation bodies (e.g., Department of Health, Philippine Health Insurance Corporation, Department of Interior and Local Government, Department of Social Welfare and Development, etc.).

1.1. Deceased Individuals.

Disclosure of health information of a deceased individual shall be made to the authorized representative.

1.2. Medico-legal cases.

In medico-legal cases, information may be disclosed to the authorized personnel in-charge upon authorization from the patient or authorized representative (in case the patient is deceased).

1.3. Legal Authorities and/or Government Agencies.

Disclosure of health information to any other government agency may only be allowed pursuant to a lawful order of a court. However, in case of emergency, where time is of the essence, disclosure may be made even without court order. This would refer to situations such as:

- (a) Where access is sought by virtue of a subpoena. Consent is not required from next of kin;
- (b) For medical or financial assistance requesting abstracts or similar documents, authorization of patient is required;
- (c) For DOH programs and other government agencies providing financial public assistance the said agency shall only disclose de-identified information.

Without a court order, release of information shall be pursuant to hospital policy otherwise, patient records shall not be released or disclosed.

When personal health information is released to a legal authority, a cover letter shall be sent to the latter emphasizing that health information must be handled in a confidential manner. A receiving copy shall be maintained by the health care provider for record purposes.

2. Privilege Communication.

ANNEX G



HPCG / CGMED

STANDING OPERATING PROCEDURE

NUMBER 09-09

14 Sep 09

**GUIDELINES IN THE CONDUCT OF PHYSICAL AND MEDICAL
EXAMINATION TO APPLICANTS FOR COMMISSIONSHIP AND ENLISTMENT
INTO THE PHILIPPINE COAST GUARD**

I. AUTHORITY/REFERENCES:

- a) AFP Regulations AFPR-G-165-362 GHQ AFP dated 29 Oct 1995, Subject: Standards of Physical Examination in the AFP;
- b) SOP Nr 05 GHQ AFP dated 10 June 2003, Subject: Hepatitis Immunization;
- c) HPCG/CG-1 LOI Nr 2 dated 20 July 2009, Subject: Recruitment Program 2009.

II. GENERAL:

The Philippine Coast Guard (PCG) is recruiting applicants for Commissionship and Enlistment into the active Coast Guard service. For CY-2009, the first batch of Candidate Officers and Coast Guardsman are already undergoing training at CG Basic School, CG Base Taguig. To complete the program for this year, another fifty (50) CGOC and five hundred (500) CGMC recruits shall be convened tentatively on November 2009.

In the absence of a PCG Regulation, the AFP Regulations on the Standards of Physical Examination shall be used as basis of the PCG in accepting or disqualifying an applicant.

Per HPCG/CG-1 LOI Nr 02, the Coast Guard Medical Service (CGMED) was designated as the UPR for the conduct of physical and medical examination (PME) of all applicants who shall pass the PCG Entrance Examination. Further, per guidance of higher headquarters, all examinations, such as NP screening and interview, blood, urine and stool exams, chest x-ray and ECG, shall be conducted at CGMED Dispensary (HPCG), at no expense to the applicants.

III. PURPOSE: This SOP prescribes the guidelines to be followed by all applicants for Commissionship and Enlistment into the active service, Philippine Coast Guard.

IV: DEFINITION OF TERMS:

a) Physical and Medical Examination (PME) – shall include the following laboratory and diagnostic examinations to be completed by an applicant:

- 1) Neuro-psychological (NP) screening (written exam and interview);
- 2) Vital signs – blood pressure (BP) in mmHg, pulse/cardiac rate (beats/min), respiratory rate (cycles/min), temperature (° Celsius);
- 3) Visual Acuity (Distant and Near Vision), Color Vision (Ishihara)
- 4) Complete Blood Count
- 5) Urinalysis, to include Drug Testing (Methamphetamine and Marijuana), and for females, Pregnancy Testing
- 6) Fecalalysis (Stool Exam)
- 7) Blood typing
- 8) 12-Lead Electrocardiograph (ECG)
- 9) Chest radiograph (x-ray)
- 10) Hepatitis B and C
- 11) AIDS (HIV)
- 12) Syphilis (RPR)
- 13) Malaria

b) Physical Examination – a thorough, whole-body, systematic and systemic examination done by a PCG Examining Medical Officer to an applicant.

c) Examining Medical Officer (EMO) – shall be either a PCG Medical Officer or a PCG Civilian Doctor / Visiting Consultant.

V. PROCEDURES:

a) All applicants for Commissionship and Enlistment who passed the Entrance Exams are required to secure directive for physical and medical examination from O/CG-1. O/CG-1 may issue mass or group directive in lieu of individual directives.

b) In case of mass or group directives, said directive shall be transmitted by O/CG-1 directly to the Office of The Command Surgeon, CG Medical Service (O/TCS, CGMED). **APPLICANTS ARE NOT AUTHORIZED TO HANDCARRY DIRECTIVES.**

c) Applicants shall proceed to Records Section, CG Medical Service and submit the following

- 1) Long folder, 2 pcs;
- 2) Colored picture, 2" x 2", with name tag (Last, First and Middle Names), 4 pcs;
- 3) Colored picture, 1" x 1", 4 pcs

d) Applicant shall fill up PME Form (CGMED Form Nr 1) and attach a 2x2" picture on the Routing Slip, which shall indicate their individual Code Number. Afterwards, applicant shall bring the Routing Slip and proceed to any of the following CGMED Sections for corresponding examination/test:

- 1) NP Screening Section

- 2) PE Section
- 3) Laboratory Section
- 4) Radiography Section
- 5) ECG Section

e) After all results become available, applicant shall undergo Physical Examination conducted by the EMO.

f) Female applicants shall be examined by female EMO, and shall undergo gynecological examination by the PCG Consultant on OB/GYN.

g) Applicant will then be scheduled for Final Evaluation by the Command Surgeon, CGMED or the authorized representative.

h) TCS, CGMED shall be the Reviewing Officer and Approving Authority of all PME forms of the applicants. TCS, CGMED shall classify the applicant as either Fit for Training (FIT) or Disqualified (DQ).

i) All PME forms, results and other forms shall be retained at CGMED Records Section. Mass clearance shall be submitted to O/CG-1 upon approval of TCS, CGMED.

j) Results shall be issued to an applicant upon completion of all tests and upon presentation of letter request addressed to CPCG (Attn: TCS, CGMED).

VI. POLICIES:

a) All applicants entering the service shall be free from any defect or pathological condition that would interfere with the performance of any Coast Guard duty, or which may undergo progressive change under the rigors of Coast Guard Officers'/Coast Guardsmans' training, or to become a basis of a claim against the government.

b) All applicants must be present on the date and time of their appointment. A routing slip shall be presented by the applicant in every Section, and must be countersigned by the OIC/POIC of said Section to verify that the applicant is the one appearing for the examination/testing.

c) Classification of applicants shall be as follows¹¹:

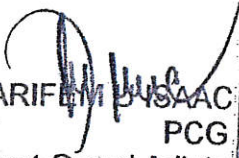
- 1) Fit for Training – Commissionship (P1)
- 2) Fit for Training – Enlistment (P1)
- 3) Fit for Training – Female (P3)
- 4) Fit for Training – Commission into Technical Services (P3)
- 5) Unfit for Training – Disqualified (P4)

d) Reason/s for disqualification shall be enumerated on the PME form. All reports of physical and medical findings shall be submitted to O/CG-1 for transmittal to CPCG.

VII. EFFECTIVITY: This SOP shall take effect upon publication.

BY COMMAND OF ADMIRAL TAMAYO:

OFFICIAL:


MARIFEM D. ISAAC
LT PCG
Coast Guard Adjutant

ENRICO EFREN A EVANGELISTA
CAPT PCG
Chief of Coast Guard Staff

ⁱ Sec I Para 4.a, AFPR-G-165-362 GHQ AFP dated 29 Oct 1995

ⁱⁱ Sec XXII Para 109.bb, AFPR-G-165-362 GHQ AFP dated 29 Oct 1995

ANNEX H



**IMPLEMENTING RULES AND
REGULATIONS OF
“QUARANTINE ACT OF 2004”
pursuant to R.A. 9271**

**(Administrative Order No. _____, series
of 2005)**



DEPARTMENT OF DEFENSE
JOINT UNITED STATES MILITARY ASSISTANCE GROUP
PHILIPPINES
1201 ROXAS BOULEVARD, ERMITA, MANILA

JPSC-TNG

11 September 2019

Commander Cynthia E. Esquivias, PCG
Deputy Chief of Coast Guard Staff for Education and Training, CG-12
Philippine Coast Guard
139 25th Street, Port Area, Manila

Dear Commander Esquivias:

Per the Security Assistance Management Manual (SAMM) C10.12 and Joint Security Cooperation Education and Training (JSCET) Regulations, all International Military Students (IMS) selected for U.S. Government funded training must have updated record of their vaccinations prior to their arrival in the United States. Updated immunizations (listed below) are required with the medical certificate and DD Forms 2808 and 2807-1. Dates for each vaccination is mandatory on the required forms:

1. Measles, Mumps, Rubella
2. Polio
3. Tetanus and Diphtheria toxoids, and acellular Pertussis (Td/Tdap)
4. Varicella (Chickenpox)
5. Influenza B
6. Hepatitis A & B (*If attending medical training*)
7. Yellow Fever (*If traveling from or thru an infected area*)

Timely submissions of both the medical and vaccination records are essential in the finalization of IMS' Invitational Travel Order (ITO) and acceptance in the course. IMET/CTFP/FMF funding is restricted from paying any vaccinations for IMS and non-compliance will result in the cancellation of the training. For long-duration Professional Military Education (PME) courses with authorized dependents, each family member is also required to complete the same immunization requirements. Please reference attached form.

JUSMAG-Philippines respectfully requests your office's assistance to coordinate this requirement to all concerned and to ensure all candidates selected for training comply with this prerequisite. Please direct any questions to Lt Col Raymond T. Truong, U.S. Air Force, Chief of Joint Training Programs, via e-mail at TruongRT@state.gov and to Ms. Bernice Y. Enorme at 912-2423 ext. 4653 or via e-mail at EnormeBY@state.gov.

Very Respectfully,

Truong, Raymond T Digitally signed by Truong, Raymond T
Date: 2019.09.16 08:34:52 +08'00'
RAYMOND T. TRUONG
Lieutenant Colonel, U.S. Air Force
Deputy, Security Assistance Division
JUSMAG-Philippines

CF: OTSG; AFPMC; PN/N8;
PAF/A8; PA/G8; PMC/MC8

ANNEX I

Republic of the Philippines
Congress of the Philippines
Metro Manila
Thirteenth Congress
Third Special Session

Begun and held in Metro Manila, on Monday, the nineteenth day of February, two thousand seven.

[REPUBLIC ACT No. 9485]

AN ACT TO IMPROVE EFFICIENCY IN THE DELIVERY OF GOVERNMENT SERVICE TO THE PUBLIC BY REDUCING BUREAUCRATIC RED TAPE, PREVENTING GRAFT AND CORRUPTION, AND PROVIDING PENALTIES THEREFOR

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* - This Act shall be known as the "Anti-Red Tape Act of 2007".

SEC. 2. *Declaration of Policy.* - It is hereby declared the policy of the State to promote integrity, accountability, proper management of public affairs and public property as well as

TOP SECRET
SEC. OFFICE

to establish effective practices aimed at the prevention of graft and corruption in government. Towards this end, the State shall maintain honesty and responsibility among its public officials and employees, and shall take appropriate measures to promote transparency in each agency with regard to the manner of transacting with the public, which shall encompass a program for the adoption of simplified procedures that will reduce red tape and expedite transactions in government.

SEC. 3. *Coverage.* - This Act shall apply to all government offices and agencies including local government units and government-owned or -controlled corporations that provide frontline services as defined in this Act. Those performing judicial, quasi-judicial and legislative functions are excluded from the coverage of this Act.

SEC. 4. *Definition of Terms.* - As used in this Act, the following terms are defined as follows:

(a) "Simple Transactions" refer to requests or applications submitted by clients of a government office or agency which only require ministerial actions on the part of the public officer or employee, or that which present only inconsequential issues for the resolution by an officer or employee of said government office.

(b) "Complex Transactions" refer to requests or applications submitted by clients of a government office which necessitate the use of discretion in the resolution of complicated issues by an officer or employee of said government office, such transaction to be determined by the office concerned.

(c) "Frontline Service" refers to the process or transaction between clients and government offices or agencies involving applications for any privilege, right, permit, reward, license, concession, or for any modification, renewal or extension of the enumerated applications and/or requests which are acted upon in the ordinary course of business of the agency or office concerned.

(d) "Accion" refers to the written approval or disapproval made by a government office or agency on the application or request submitted by a client for processing.

(e) "Officer or Employee" refers to a person employed in a government office or agency required to perform specific duties and responsibilities related to the application or request submitted by a client for processing.

(f) "Irrelevant requirements" refer to any document or performance of an act not directly material to the resolution of the issues raised in the request or needed in the application submitted by the client.

(g) "Fixer" refers to any individual whether or not officially involved in the operation of a government office or agency who has access to people working therein, and whether or not in collusion with them, facilitates speedy completion of transactions for pecuniary gain or any other advantage or consideration.

SEC. 5. *Reengineering of Systems and Procedures.* - All offices and agencies which provide frontline services are hereby mandated to regularly undertake time and motion studies, undergo evaluation and improvement of their transaction systems and procedures and re-engineer the same if deemed necessary to reduce bureaucratic red tape and processing time.

SEC. 6. *Citizen's Charter.* - All government agencies including departments, bureaus, offices, instrumentalities, or government-owned and/or controlled corporations, or local government or district units shall set up their respective service standards to be known as the Citizen's Charter in the form of information billboards which should be posted at the main entrance of offices or at the most conspicuous place, and in the form of published materials written either in English, Filipino, or in the local dialect, that detail:

- (a) The procedure to obtain a particular service;
- (b) The person/s responsible for each step;

(c) The maximum time to conclude the process;

(d) The document/s to be presented by the customer, if necessary;

(e) The amount of fees, if necessary; and

(f) The procedure for filing complaints.

SEC. 7. *Accountability of the Heads of Offices and Agencies.* - The head of the office or agency shall be primarily responsible for the implementation of this Act and shall be held accountable to the public in rendering fast, efficient, convenient and reliable service. All transactions and processes are deemed to have been made with the permission or clearance from the highest authority having jurisdiction over the government office or agency concerned.

SEC. 8. *Accessing Frontline Services.* - The following shall be adopted by all government offices and agencies:

(a) Acceptance of Applications and Requests - (1) All officers or employees shall accept written applications, requests, and/or documents being submitted by clients of the office or agency.

(2) The responsible officer or employee shall acknowledge receipt of such application and/or request by writing or printing clearly thereon his/her name, the unit where he/she is connected with, and the time and date of receipt.

(3) The receiving officer or employee shall perform a preliminary assessment of the request so as to promote a more expeditious action on requests.

(b) Action of Offices - (1) All applications and/or requests submitted shall be acted upon by the assigned officer or employee during the period stated in the Citizen's Charter

which shall not be longer than five working days in the case of simple transactions and ten (10) working days in the case of complex transactions from the date the request or application was received. Depending on the nature of the frontline services requested or the mandate of the office or agency under unusual circumstances, the maximum time prescribed above may be extended. For the extension due to the nature of frontline services or the mandate of the office or agency concerned, the period for the delivery of frontline services shall be indicated in the Citizen's Charter. The office or agency concerned shall notify the requesting party in writing of the reason for the extension and the final date of release for the extension and the final date of release of the frontline service/s requested.

(2) No application or request shall be returned to the client without appropriate action. In case an application or request is disapproved, the officer or employee who rendered the decision shall send a formal notice to the client within five working days from the receipt of the request and/or application, stating therein the reason for the disapproval including a list of specific requirement/s which the client failed to submit.

(c) Denial of Request for Access to Government Service - Any denial of request for access to government service shall be fully explained in writing, stating the name of the person making the denial and the grounds upon which such denial is based. Any denial of request is deemed to have been made with the permission or clearance from the highest authority having jurisdiction over the government office or agency concerned.

(d) Limitation of Signatories - The number of signatories in any document shall be limited to a maximum of five signatories which shall represent officers directly supervising the office or agency concerned.

(e) Adoption of Working Schedules to Serve Clients - Heads of offices and agencies which render frontline services shall adopt appropriate working schedules to ensure that all clients who are within their premises prior to the end of

official working hours are attended to and served even during lunch break and after regular working hours.

(f) Identification Card - All employees transacting with the public shall be provided with an official identification card which should be visibly worn during office hours.

(g) Establishment of Public Assistance/Complaints Desk - Each office or agency shall establish a public assistance/complaints desk in all their offices.

SEC. 9. *Automatic Extension of Permits and Licenses.*
- If a government office or agency fails to act on an application and/or request for renewal of a license, permit or authority subject for renewal within the prescribed period, said permit, license or authority shall automatically be extended until a decision or resolution is rendered on the application for renewal: *Provided*, That the automatic extension shall not apply when the permit, license, or authority covers activities which pose danger to public health, public safety, public morals or to public policy including, but not limited to, natural resource extraction activities.

SEC. 10. *Report Card Survey.* - All offices and agencies providing frontline services shall be subjected to a Report Card Survey to be initiated by the Civil Service Commission, in coordination with the Development Academy of the Philippines, which shall be used to obtain feedback on how provisions in the Citizen's Charter are being followed and how the agency is performing.

The Report Card Survey shall also be used to obtain information and/or estimates of hidden costs incurred by clients to access frontline services which may include, but is not limited to, bribes and payment to fixers.

A feedback mechanism shall be established in all agencies covered by this Act and the results thereof shall be incorporated in their annual report.

SEC. 11. Violations. - After compliance with the substantive and procedural due process, the following shall constitute violations of this Act together with their corresponding penalties:

- (a) **Light Offense** - (1) Refusal to accept application and/or request within the prescribed period or any document being submitted by a client;
- (2) Failure to act on an application and/or request or failure to refer back to the client a request which cannot be acted upon due to lack of requirement/s within the prescribed period;
- (3) Failure to attend to clients who are within the premises of the office or agency concerned prior to the end of official working hours and during lunch break;
- (4) Failure to render frontline services within the prescribed period on any application and/or request without due cause;
- (5) Failure to give the client a written notice on the disapproval of an application or request; and
- (6) Imposition of additional irrelevant requirements other than those listed in the first notice.

Penalties for light offense shall be as follows:

First Offense - Thirty (30) days suspension without pay and mandatory attendance in Values Orientation Program;

Second Offense - Three months suspension without pay; and

Third Offense - Dismissal and perpetual disqualification from public service.

(b) **Grave Offense** - Fixing and/or collusion with fixers in consideration of economic and/or other gain or advantage.

Penalty - Dismissal and perpetual disqualification from public service.

SEC. 12. Criminal Liability for Fixers. - In addition to Section 11(b), fixers, as defined in this Act, shall suffer the penalty of imprisonment not exceeding six years or a fine of not less than Twenty thousand pesos (P20,000.00) but not more than Two hundred thousand pesos (P200,000.00) or both fine and imprisonment at the discretion of the court.

SEC. 13. Civil and Criminal Liability, Not Barred. - The finding of administrative liability under this Act shall not be a bar to the filing of criminal, civil or other related charges under existing laws arising from the same act or omission as herein enumerated.

SEC. 14. Administrative Jurisdiction. - The administrative jurisdiction on any violation of the provisions of this Act shall be vested in either the Civil Service Commission (CSC), the Presidential Anti-Graft Commission (PAGC) or the Office of the Ombudsman as determined by appropriate laws and issuances.

SEC. 15. Immunity; Discharge of Co-Respondent/Accused to be a Witness. - Any public official or employee or any person having been charged with another under this Act and who voluntarily gives information pertaining to an investigation or who willingly testifies therefore, shall be exempt from prosecution in the case/s where his/her information and testimony are given. The discharge may be granted and directed by the investigating body or court upon the application or petition of any of the respondent/accused-informant and before the termination of the investigation: *Provided, That:*

- a) There is absolute necessity for the testimony of the respondent/accused-informant whose discharge is requested;

- b) There is no other direct evidence available for the proper prosecution of the offense committed, except the testimony of said respondent/accused-informant;
- c) The testimony of said respondent/accused-informant can be substantially corroborated in its material points;
- d) The respondent/accused-informant has not been previously convicted of a crime involving moral turpitude; and
- e) Said respondent/accused-informant does not appear to be the most guilty.

Evidence adduced in support of the discharge shall automatically form part of the records of the investigation. Should the investigating body or court deny the motion or request for discharge as a witness, his/her sworn statement shall be inadmissible as evidence.


SEC. 16. *Implementing Rules and Regulations.* - The Civil Service Commission, in coordination with the Development Academy of the Philippines (DAP), the Office of the Ombudsman and the Presidential Anti-Graft Commission (PAGC), shall promulgate the necessary rules and regulations within ninety (90) days from the effectivity of this Act.


SEC. 17. *Separability Clause.* - If any provision of this Act shall be declared invalid or unconstitutional, such declaration shall not affect the validity of the remaining provisions of this Act.

SEC. 18. *Repealing Clause.* - All provisions of laws, presidential decrees, letters of instruction and other presidential issuances which are incompatible or inconsistent with the provisions of this Act are hereby deemed amended or repealed.

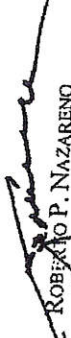
SEC. 19. *Effectivity.* - This Act shall take effect within fifteen (15) days following its publication in the *Official Gazette* or in two national newspapers of general circulation.


Approved,


 JOSE DE VENECIA, JR.
 Speaker of the House
 of Representatives



 MANNY VILLAR
 President of the Senate

This Act which is a consolidation of Senate Bill No. 2589 and House Bill No. 3776 was finally passed by the Senate and the House of Representatives on February 8, 2007 and February 20, 2007, respectively.


 ROBERTO P. NAZARENO
 Secretary General
 House of Representatives


 OSCAR G. YABES
 Secretary of the Senate

Approved: JUN 02 2007


 GLORIA MACAPAGAL-ARROYO
 President of the Philippines

