***Annex “A”***



Professional Regulation Commission

**INFORMED CONSENT**

ON THE POTENTIAL RISK ASSOCIATED WITH TAKING THE

LICENSURE EXAMINATION

 *(profession)*

**PLEASE READ THIS DOCUMENT CAREFULLY***.*

*You are given this informed consent form because the Professional Regulation Commission (PRC) and Professional Regulatory Board of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(profession)*

*encourage your participation in the \_\_\_\_\_\_\_\_\_\_\_\_\_licensure examination. All known*

 *(profession)*

*precautions are taken to safeguard all examinees, but the PRC/PRB cannot guarantee your absolute safety from any potential source of infection. You are asked to sign this form to signify your consent to participate in the said activity despite the potential risks.*

**INFORMATION SHEET**

**Introduction and Purpose of the Activity**

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

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

**Procedure**

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

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

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

**Risks**

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

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

**Alternative to Participating in the licensure examination**

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

**Post Examination Requirement**

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

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

Thank you.

**CERTIFICATE OF CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, residing at \_\_\_\_\_\_\_\_\_\_\_

 (Last Name, First Name Middle Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the

 (Address)

information and the potential health risks explained in this form. Despite such risks, I agree to take the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensure Examination

 (Profession)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be administered by the Professional

 (Date/s of Examination)

Regulation Commission. I do hereby confirm and declare that I am participating in this event on my own free will and volition.

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

 (Date/s of Examination)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Examinee and Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness and Signature Date