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

(Administrative Order No. ____, series of 2005)
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The Implementing Rules and Regulations, of Quarantine Act of 2004 (R.A. 9271) which has been enacted by the twelfth (12th) Congress of the Republic of the Philippines, serve as a revised and updated version of the IRR of the Quarantine Law of 1947 (R.A. 123). This includes the implementation of the International Health Regulations (IHR) of the World Health Organization (WHO) in which the country is bound to observe and implement as a member state of said organization.

The Bureau of Quarantine, being the health authority, is mandated to ensure security against the introduction and spread of infectious diseases to include the emerging diseases and public health emergencies of international concern. This include a pro-active response to public health concerns on matters pertaining to food safety, sanitation and vector control in airports and seaports of entry on conveyances, people, goods and cargoes.

The updated regulations are devised to respond to the epidemiological changes and continuing global trends which markedly have an impact on disease surveillance,
prevention and control. The promotion of these health regulations are balanced by an
equal concern on the minimal interference with travel and trade and to meet the
standards and requisites for quarantine operations involving both the international and
domestic interests.

Department of Health
OFFICE OF THE SECRETARY

ADMINISTRATIVE ORDER
No._____ of 2005

REVISED QUARANTINE RULES AND REGULATIONS OF 2004

PART – I

GENERAL CONSIDERATION

SECTION 1. Title - These rules and regulations shall be known as the "Implementing Rules and Regulations of the Quarantine Act of 2004.

SECTION 2. Authority - These rules and regulations are issued to implement Republic Act No 9271, (The Quarantine Act of 2004), in accord with the International Health Regulations (IHR) of the World Health Organization (WHO),

SECTION 3. Purpose - These rules and regulations are promulgated to protect and promote the health of the people by ensuring maximum security against the introduction or spread of diseases subject to the International Health Regulations, particularly emerging diseases and public health emergencies of international concern, from foreign countries into the Philippines and from one port to another within the country. The Act strives to harmonize the protection of public health with the need to avoid unnecessary disruption of trade and travel.

SECTION 4. Scope and Jurisdiction - These regulations shall apply to all vessels, aircraft, their crew or passengers and cargoes, whether owned by government or private entities, that shall enter and depart from seaport or airport within the territory of the Philippines. The Bureau of Quarantine shall have the authority on the issuance of quarantine certificates, bills
of health, and/or other equivalent documents and formulates sanitation requirements over such conveyances, wharfage, anchorage, airports and seaports for the proper enforcement of these regulations.

SECTION 5. Regulatory Authority - The Bureau of Quarantine of the Department of Health shall exercise the regulatory functions as the health authority under these Implementing Quarantine Rules and Regulations.
SECTION 6. Definition of Terms - For the purpose of these Implementing Rules and Regulations of Quarantine Act of 2004, the following definitions are adapted:

"Aedes aegypti index" - means the percentage of houses or premises positive for Aedes larvae over the number of houses inspected.

"Aircraft" – means a conveyance that flies on international or domestic flight.

"Aircraft commander" - the person serving in the aircraft having charge or command of its operation and navigation.

"Airport of entry" - any airport designated as such by the competent authorities of the Philippines on which an aircraft may make its first entry in the Philippines where the formalities incident to customs, immigration and quarantine (CIQ) are carried out.

"Airport/port of departure/origin" - the last airport/port of the departure of an aircraft or vessel.

“Baggage” - means the personal effects of a traveler or of a member of the crew.

“Barrier nursing” – means the use of a complete set of personal protective equipment, proper use and disposal of these equipment, and limitation of movement and interaction with the patient.

“Berth” – means the place where a vessel docks.

“Carrier” – means a person or other host or an agent of an intermediate plant, vector, or the inanimate environment that harbors a specific infectious agent in the absence of discernible clinical disease and serve as a potential source of infection.

“Case” – means a person who has the particular disease, health disorder, or condition which meets the case definitions for surveillance and outbreak investigation purposes.

“Communicable disease” – means illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment.

“Contagious” – means the human to human transmission of a disease by direct or indirect contact.

“Conveyance” – means any carrier or other means of transport on an international or domestic voyage.

"Crew" - the personnel of a ship, an aircraft or other conveyances, who are employed for duties on board.
“Declared public health emergency” – means the official declaration by the President as recommended by the Secretary of Health of an emergency posing a serious and direct public health threat to the population.

“Dedicated hospital” – means a designated health facility for referral of suspect/s or probable case/s of public health emergency of international concern.

“Deratting” - means the procedure of eradicating rats and other rodents

“Deratting certificate” – means a certificate issued to vessels, in the form described by the International Health Regulations, recording the findings after inspection and deratting measure/s applied to the vessel. The certificate is valid for six (6) months from the date of issuance.

"Direct transit area" - means a special area established in an airport, approved by the Bureau of Quarantine and under its direct supervision, for accommodating transit passengers and crew in segregation, during their air travel without leaving the airport.

“Disease” – means an illness that presents a risk of significant harm to humans caused by biological, chemical or radio-nuclear sources.

"Diseases subject to the Regulations" refer to cholera, plague and yellow fever pursuant to the International Health Regulations Edition 1969.

“Disinfection” – means the killing of infectious agents or inactivation of their toxic products outside the body by direct exposure to chemical or physical agents.

“Disinfestations” – means any chemical or physical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or the environment of an individual, or upon animals and carriers.

"Disinsection" - means the operation in which measures are taken to kill the insect vectors of human disease present in carriers and containers.

"Domestic airport/port" - any airport or seaport situated within the Philippine territorial limits generally utilized for local travel.

“Embarkation” – means going aboard a ship or aircraft.

“Emerging diseases” – means infections that have newly appeared in the population, or have existed but are rapidly increasing in incidence or geographic range.

“Endemic” – means the constant presence of a disease or infectious agent within a given geographic area or population group; may also refer to the usual prevalence of a given disease within such area or group.
“Epidemic” – means the occurrence of an illness or health-related event in excess of its usual level of occurrence in a particular area over a particular period of time.

“Epidemiology” – means the study of the patterns of distribution in terms of causal factors and the frequency and distribution of a disease in populations.

“Fogging” – means the creation of a cloud of ultra-fine droplets, which are airborne and readily picked up by the insect as it flies through the swathe of insecticide, fog or mist.

“Foreign port/airport” – any seaport/airport situated outside Philippine territorial limits.

“Fumigation” – means the procedure of eliminating pests by exposure to germicidal or chemical gas or fume.

“Hazardous” – means the potential of substances or materials to cause disruption or damage to people, their property, their services or environment, i.e., communities.

“Health authority” – means the national authority or entity immediately responsible for the implementation and application of the appropriate public health measures under these regulations.

“Health check list” – means the health information or declaration form to be accomplished by a traveler upon arrival or departure.

“Incubation period” – means the period from the time of exposure/introduction of the disease to the appearance of the first signs and symptoms.

“Infected Area” – means the area where an infection has occurred and has the potential to cause the transmission of the disease.

"Infected person" - a person who is incubating or suffering from an infectious disease.

“Infection” – means the invasion of the body by living microorganisms which may or may not result in an illness.

“Infectious” – means the capability of transmitting a disease.

“Infectious disease subject to the Regulations” – refer to cholera, plague and yellow fever or any other disease mentioned or classified in the International Health Regulations by the World Health Organization.

“Infectious disease not subject to the Regulations” – means other infectious diseases that are not mentioned in the International Health Regulations by the World Health Organization.

"In quarantine" - means that state or condition during which measures are applied by the
health authority to an aircraft or vessel or persons to prevent the spread of a disease or vectors of disease/s.

“International Health Regulations (IHR)” – means the regulations adopted by the 22nd World Health Assembly in 1969, as amended by the 26th WHA of 1973, as amended by the 34th WHA of 1981, and as may be further amended, of the WHO as the only global regulatory framework to support global health security by preventing the international spread of infectious diseases through permanent national public health measures for travelers, cargo and points of entry.

“International voyage” – means a voyage between points of entry in the territories of two or more countries.

“Isolation” – means the separation with limitation of the movements and interactions of infected person or group of persons from other people to prevent the transmission of the disease.

"Medical examination" – means the preliminary examination of a person to determine his/her health status and potential public health risk to others, including scrutiny of health documents, and may include a physical examination when deemed necessary.

“Outbreak” – means an epidemic limited to localized increase in the incidence of a disease, e.g., in a village, town, or closed institution.

“Perimeter” – means, when applied to an airport, an imaginary line enclosing the area including the airport terminals, runway and tarmac to be used for the aircraft.

“Personal Protective Equipment or PPE” – means the materials used to cover the human body in order to prevent contamination from the disease. This includes: facial mask, eye protector or goggles, gown, gloves, etc.

"Pratique” - means the permission for a ship/aircraft to enter port/airport, disembark persons and commence operation after compliance of the health requirements.

“Protective area” - area within a distance of at least four hundred (400) meters around the perimeter of an airport.

“Public health emergency of international concern” – means an emergency posing a serious and direct public health threat to the human population considering the elements of seriousness, unexpectedness, potential for international spread and travel restrictions. This may be specified from time to time in Department Orders by the Secretary of Health upon the recommendation of the Bureau of Quarantine in accord with the International Health Regulations (IHR).

"Quarantine inspection" - the inspection of a conveyance together with its crew, passengers and cargo to determine the state of sanitation of the vessel/aircraft and health status of the
crew and/or passengers.

“Quarantine” – means the separation of people who have been exposed to an illness, usually an infection, but are not ill or have not yet shown any sign of the illness. The movements and interaction of these people are restricted during the quarantine period which is equivalent to the incubation period of the disease. Those who get ill during the quarantine period are immediately isolated.

“Quarantine Medical Officer (QMO) – means a duly licensed physician trained by the Bureau of Quarantine to perform the mandated functions and duties of the office.

“Regular Quarantine Medical Officer” - means a duly licensed physician who have passed training on quarantine by the Bureau and appointed by the Secretary of Health upon the recommendation of the Director of Quarantine, under the existing Civil Service Rules and Regulations, to perform the mandated functions of the office.

“Acting Quarantine Medical Officer” - means a duly licensed physician who have passed training on quarantine by the Bureau and designated by the Undersecretary of Health upon the recommendation of the Director of Quarantine to perform limited function of the office such as the inspection and clearance of vessels. The said officer is not an organic employee and is assigned to ports without a Quarantine Medical Officer. The contract of his designation is renewable every year after assessment.

“Alternate Quarantine Medical Officer” – means a duly licensed physician who have passed training on quarantine by the Bureau and designated by the Undersecretary of Health upon the recommendation of the Director of Quarantine to perform limited function of the office such as the inspection and clearance of vessels. The said officer is not an organic employee and is assigned to ports and perform quarantine functions in the absence of the Regular Quarantine Medical Officer. The contract of his designation is renewable every year after assessment.

“Seaport of entry” - any seaport designated as such by the competent authorities of the Philippines on which a vessel may make its first entry in the Philippines where the formalities incident to customs, immigration and quarantine (CIQ) are carried out.

"Ship surgeon" - a registered medical practitioner employed on a vessel.

“Surveillance” – means the process of systematic collection, orderly consolidation and evaluation and analysis of pertinent data with prompt dissemination of the results to those who need to know for proper action.

“Suspect”- means a person who is considered by the health authority as having been exposed to a disease subject to the Regulations or emerging disease and public health emergency of international concern and considered to be capable of transmitting the disease.

“Thermal camera” – means a non-intrusive infrared camera used to measure body
temperature.

“Vector” – means an animal, plant or insect which carries or is capable of conveying infectious agents from a person or animal to another person or animal.

“Vessel” -  means a hollow craft for traveling on water for purpose of navigation.

"Valid certificate" - means a certificate conforming with the rules and the model laid down by the International Health Regulations of the World Health Organization.

“Voluntary Home confinement or quarantine” – means the home-based isolation of asymptomatic contacts or those who have been exposed to an infectious disease corresponding to the length of the incubation period of the disease

PART II

REQUIREMENTS OF VESSELS UPON ENTRY FROM FOREIGN PORTS

SECTION 7. Vessels to be Inspected –

All vessels coming from foreign ports are subject to quarantine inspection upon entry in any port of the Philippines. Vessels cleared in one port in the Philippines are deemed cleared for all other ports in the country except in cases of any vessel with an infectious disease subject to the Regulations, emerging disease, public health emergency of international concern, and/or death on board.

SECTION 8. Requirements for Vessels to be Inspected –

Any vessel coming from foreign ports subject to quarantine inspection shall be considered in quarantine until given a pratique. Such vessel shall fly a yellow flag at its foremast upon entry into the harbor, drop its anchor at the quarantine anchorage, put down its accommodation ladder and wait for the Quarantine Medical Officer. During inclement weather conditions, a proper shelter or lee should be afforded to the quarantine boarding officer before the boarding formality can be conducted. In cases of extreme weather condition, the boarding formality could be held in abeyance until such condition would be favorable.

SECTION 9. Requirements From The Master of Vessels to be Inspected –

9.1 The master of the vessel shall provide the Quarantine Medical Officer the following duly accomplished documents:

9.1.1 Maritime Declaration of Health
9.1.2 Deratting/deratting exemption certificate
9.1.3 Passenger and crew list
9.1.4 Voyage Memo/Ports of Call
9.1.5 Clinical record of cases treated during the voyage, if any.
9.1.6 Other documents deemed necessary by the Quarantine Medical Officer for the compliance of health regulations

9.2 The master of any vessel, on which a case or suspected case of an infectious disease subject to the Regulations, emerging disease exists and/or a public health emergency of international concern exists board shall, as soon as practicable, notify the Bureau of Quarantine at the next port of call, or station, and shall take such measures to prevent the spread of the disease as the Bureau directs.

9.3 The ship captain may be ordered to muster the crew and passengers on board in a well-lighted and ventilated place for inspection when deemed necessary. The deck officer in charge of health or the ship surgeon/physician shall provide the Quarantine Medical Officer the medical data of crew/passengers. He shall assist the Quarantine Medical Officer to the sick-bay/cabin to examine any patient and review his clinical records for evaluation and management.

SECTION 10. - Kinds of Pratique or Clearance Issued to In-coming Vessels-

10.1 Free Pratique - A pratique issued to a vessel which has complied with the quarantine rules and regulations as provided in this IRR.

10.2 Provisional Pratique - A pratique issued to vessels which have the following conditions:

10.2.1 Isolation of suspect or actual case of infectious disease subject to the Regulations, emerging disease or public health emergency of international concern.

10.2.2 Quarantine or medical surveillance of exposed passenger or crew to an infectious disease subject to the Regulations or emerging disease or public health emergency of international concern.

10.2.3 Vessel with cargoes which shall pose a public health threat:

a). Gunny sacks or jute bags or cargoes wrapped with the same materials coming from Plague-infected countries shall be fumigated prior to the release to the consignee unless covered by a valid fumigation certificate.

b). Cargoes containing hazardous materials (biological, chemical or radiological waste, etc.)

10.2.4 Expired Deratting/Deratting Exemption Certificate

10.2.5 Vessel suspected of having been exposed to a Radiological, Chemical or
Biological (RBC) Incident.

10.3 **Controlled Free Pratique (Direct Berthing Privilege)** – A pratique granted to vessels with a request for a direct berthing privilege submitted within forty eight (48) hours prior to the estimated time of arrival (ETA), duly signed or certified by the master of the vessel with the following conditions:

10.3.1 There has been no death on board during the voyage;

10.3.2 The ports visited during the voyage should be stated in the request that no infectious disease subject to the Regulations, emerging disease and/or any public health emergency of international concern is present or endemic at the ports of origin.

10.3.3 There is no sick person on board nor was there any case of infectious disease subject to the Regulations, emerging disease and/or any public health emergency of international concern during the voyage;

10.3.4 There has been no deaths nor illnesses among captive animals and birds, including rodents, on board during the voyage; and

10.3.5 The deratting/deratting exemption certificate is valid.

10.4 **Radio Pratique** – A pratique granted to military vessels of the Republic of the Philippines and foreign countries under the following conditions:

10.4.1. There should be a ship surgeon on board or in any of the vessels operating as a squadron;

10.4.2 The request for radio pratique shall be submitted within forty eight (48) hours before the estimated time of arrival (ETA);

10.4.3 The ports visited during the voyage should be stated in the request that no infectious disease subject to the Regulations, emerging disease and/or any public health emergency of international concern is present or endemic at the ports of origin.

10.4.4 There is no sick person on board nor was there any case of infectious disease subject to the Regulations, emerging disease and/or any public health emergency of international concern during the voyage;

10.4.5 There has been no deaths nor illnesses among captive animals and birds, including rodents, on board during the voyage; and

10.4.6 The deratting/deratting exemption certificate is valid.
10.5 **Controlled Radio Pratique** – A pratique granted to cruise vessels under the following conditions:

10.5.1 There should be a ship surgeon/physician on board.

10.5.2 The request for controlled radio pratique shall be submitted to the Bureau within forty eight (48) hours before the estimated time of arrival (ETA).

10.5.3 The ports visited during the voyage should be stated in the request that no infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern is present or endemic at the ports of origin.

10.5.4 There should be no actual or suspected case on board of an infectious disease subject to the Regulations, emerging disease or a public health emergency of international concern.

10.5.5 The Quarantine medical personnel shall board the vessel at the anchorage and conduct quarantine inspection while the vessel is slowly proceeding towards the port.

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**SECTION 11. Immunization Certificate Requirement** -

11.1 **Yellow Fever** – Travelers arriving from the yellow fever infected areas are required to present valid international certificates of vaccination against yellow fever if arriving within six days (6) from that area. The validity of this certificate shall extend for a period of ten (10) years, beginning ten (10) days after the date of immunization or re-immunization. The yellow fever vaccination centers in the country accredited by the WHO are Quarantine Central Office, Manila; Cebu Quarantine Station and Davao Quarantine Station.

11.2 The Director of Quarantine may from time to time prescribe or require immunization from certain diseases if in his discretion such requirements are essential, on account of varying public health conditions.

11.3 Other vaccinations may be administered upon request.

**SECTION 12. Extent and Method of Quarantine inspection** –

12.1 During the inspection of vessels, the Quarantine Medical Officer shall check the following conditions before granting a pratique to the vessel:

12.1.1 State of health of the passengers and crew;
12.1.2 Existence or non-existence of an infectious disease subject to the Regulations, emerging disease, and/or a public health emergency of international concern from the port of origin or other previous ports of call;
12.1.3 Sanitary conditions on board;
12.1.4 Validity of the deratting/deratting exemption certificate and state of rat life on board; and
12.1.5 Type and tonnage of cargo.

SECTION 13. Boarding of Vessel from Foreign ports Placed under Quarantine –

13.1 In case of notification of the presence of suspected case/s of infectious disease subject to the Regulations, emerging disease, and/or public health emergency of international concern, and/or death on board:

13.1.1 No person is allowed to embark except the Quarantine Medical Officer and or his duly accredited assistant/s.

13.1.2 Disembarkation of the passengers and crew is not allowed until such time that the vessel has been granted a quarantine clearance.

13.1.3 Suspect case/s shall be medically evaluated on board and transported to a designated referral hospital for isolation.

13.1.4 The remaining passengers and crew of vessel, if the need arises, should be medically evaluated on board the vessel.

13.1.5 Crew and passengers who may be possibly exposed to an infectious disease, emerging disease, and/or public health emergency of international concern, may be isolated or undergo voluntary home confinement (home quarantine).

13.1.6 Any person who boarded a vessel under quarantine without the permission shall be subject to detention and quarantine.

13.2 In cases when the vessel is exposed to Radiological, Biological or Chemical (RBC) terrorism, the tailored actions on such incident should be followed in accordance to the interim guidelines on Preparedness and Response to Radiological, Biological and Chemical (RBC) Incidents. (see Annex A).

SECTION 14. Requirements of Vessels before Departure

No vessel shall be allowed to depart from any seaport of the Philippines to foreign destination without securing an outgoing quarantine clearance from the Director of Quarantine or his duly authorized representative. This clearance shall be granted to the
vessel on condition that such an a vessel has observed all quarantine requirements imposed. This clearance shall be a requirement for the granting of a customs clearance for departure.

SECTION 15. Embarkation of Travelers for International Voyage

The Director of Quarantine, when he considers it necessary, may order the medical examination of travelers and may disallow of any suspected person having a infectious disease subject to the Regulations, emerging disease, and/or public health emergency of international concern from embarking on an international voyage except in case of the transport of sick persons by a conveyance especially provided for the purpose, in order to safeguard the health of the passenger and crew.

SECTION 16. Personnel Assigned for Inspection –

The quarantine inspection of vessels shall be conducted by the Quarantine Medical Officer and/or a duly accredited assistant/s designated by the Director of Quarantine. In seaport where there is no Quarantine Medical Officer, a duly trained physician will be designated by the Undersecretary of Health as Acting or Alternate Quarantine Medical Officer upon the recommendation of the Director of Quarantine, who shall perform such function on an annual contractual basis.

SECTION 17. Time of Vessel Quarantine Inspection –

Inspection of vessels required by these regulations shall be made between 0800 - 1200H and 1300 - 1700H, Mondays to Fridays. Any inspection performed outside of these hours and during Saturdays, Sundays and Holidays shall be compensated for. Hence, reasonable reimbursement by the concerned shipping company may be allowed by the Director of Quarantine in relation to the incurred expenses and services rendered by each quarantine personnel.

PART III

REQUIREMENTS OF DOMESTIC VESSELS

SECTION 18. Vessels to be Inspected –

All domestic vessels plying domestic ports with the presence of infectious disease subject to the Regulations, emerging disease, public health emergency of international concern and/or death on board are subject to quarantine inspection and clearance. In ports where there are no quarantine officials, clearance of these vessels will be coordinated with the local health authorities.

SECTION 19. Requirements for Vessels to be Inspected –
Domestic vessel subject to inspection shall be considered in quarantine until properly cleared. Such vessel shall fly a yellow flag at its foremast upon entry into the harbor, drop its anchor at the quarantine anchorage, put down its accommodation ladder and wait for the Quarantine Medical Officer. During inclement weather conditions, a proper shelter or lee should be afforded to the quarantine boarding officer before the boarding formality can be conducted. In cases of extreme weather condition, the boarding formality could be held in abeyance until such condition would be favorable.

SECTION 20. Requirements From The Master of Vessels to be Inspected –

20.1. The master of the vessel shall provide the Quarantine Medical Officer the following duly accomplished documents:

20.1.1 Clinical record of treated cases during the voyage or the medical incident report of the death on board.
20.1.2 Deratting/deratting exemption certificate
20.1.3 Passenger and crew list
20.1.4 Voyage Memo/Ports of Call
20.1.5 Other documents deemed necessary by the Quarantine Medical Officer for the compliance of the health regulations based on the guidelines or protocol promulgated by the Bureau of Quarantine.

20.2 The master of inter-island or domestic vessel, on which a case or suspected case of an infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern exists on board shall, as soon as practicable, notify the Bureau of Quarantine at the next port of call, or station, and shall take such measures to prevent the spread of the disease as the Bureau directs.

20.3 The ship captain may be ordered to muster the crew and passengers on board in a well-lighted and ventilated place for inspection when deemed necessary. The deck officer in charge of health or the ship surgeon/physician shall provide the Quarantine Medical Officer the medical data of crew/passengers. He shall assist the Quarantine Medical Officer to the sick-bay/cabin to examine any patient and review his clinical records for evaluation and management.

SECTION 21. Immunization Requirements-

The Director of Quarantine may from time to time prescribe or require immunization from certain diseases if in his discretion such requirements are essential, on account of varying public health conditions.
SECTION 22. Extent and Method of Quarantine inspection –

During the inspection of vessels, the Quarantine Medical Officer shall check the following conditions:

22.1 State of health of the passengers and crew;
22.2 Existence or non-existence of a infectious disease subject to the Regulations; emerging disease and/or public health emergency of international concern outbreak of international concern from the port of origin or other previous ports of call;
22.3 Sanitary conditions on board;
22.4 Validity of the deratting/deratting exemption certificate and state of rat life on board; and
22.5 Type and tonnage of cargo.

SECTION 23. Personnel Assigned for Inspection of Inter-island Vessel –

The quarantine inspection of vessels shall be conducted by the Quarantine Medical Officer and a duly accredited assistant/s designated by the Director of Quarantine. In port where there is no Quarantine Medical Officer, a duly trained physician will be designated by the Undersecretary of Health as Acting or Alternate Quarantine Medical Officer upon the recommendation of the Director of Quarantine, who shall perform such function on an annual contractual basis.

SECTION 24. Boarding of Domestic Vessel Placed under Quarantine –

24.1 In case of notification of the presence of suspected case/s of infectious disease subject to the Regulations, emerging disease, and/or public health emergency of international concern, and/or death on board:

24.1.1 No person is allowed to embark except the Quarantine Medical Officer and/or his duly accredited assistant/s.

24.1.2 Disembarkation of the passengers and crew is not allowed until such time that the vessel has been granted a quarantine clearance.

24.1.3 Suspect case/s shall be medically evaluated on board and transported to a designated referral hospital for isolation.

24.1.4 The remaining passengers and crew of vessel, if the need arises, should be medically evaluated on board the vessel.

24.1.5 Crew and passengers who may be possibly exposed to an infectious disease or emerging disease and/or public health emergency of international concern, may be isolated or undergo
voluntary home confinement or quarantine.

24.1.6 Any person who boarded a vessel under quarantine without the permission shall be subject to detention and quarantine.

24.2 In cases when the vessel is exposed to Radiological, Biological or Chemical terrorism, the tailored actions on such incident should be followed in accordance to the interim guidelines on Preparedness and Response to Radiological, Biological and Chemical (RBC) Incidents. (see Annex A)

PART IV

REQUIREMENTS OF VESSELS WHILE IN PORT

SECTION 25. Requirements of Vessels while in Port –

25.1 Rat Guards on Mooring Connection Lines –
If the vessel docks alongside the piers, all mooring lines shall be provided with prescribed rat guards not less than one (1) meter in diameter and so fixed as to be always at right angle to the line to which it is attached.

25.2 Cargo Net, Gangway/plank and Ramp –
All cargo nets should be hauled up when not in use. The gangway/plank and/or ramp (forward and aft) shall be lifted up when not in operation and well lighted throughout the night to prevent the access of rodents.

25.3 Distance of Vessel from the Dock -
All vessels should fend off at least one and one-half (1 ½) meters from the dock.

25.4 Mooring of Vessel to another Vessel which is Moored to a Dock -
A vessel which shall tie alongside another vessel moored to a dock shall institute all necessary measures to prevent the access of rats from one vessel to another.

SECTION 26. Disposal of Garbage -

No vessel shall be allowed to dump garbage or wastes overboard while in the harbor. Garbage should be collected in prescribed containers for disposal. When a vessel is in port, arrangements should be made for the regular removal of garbage by a disposal service in accordance with the environmental and health provisions on waste disposal to ensure that it is properly collected, treated and disposed of in accordance with existing standards and laws.
SECTION 27.  Rat Inspection of Vessels –

27.1 The following vessels shall be subject to rat inspection while in the harbor:

27.1.1 Vessels without deratting/deratting exemption certificate.
27.1.2 Vessels with expired deratting/deratting exemption certificate.
27.1.3 Vessels with valid deratting/deratting exemption certificate but with moderate to heavy rat infestation aboard, or have visited plague-infected ports.

27.2 Any inspection for rat infestation shall be under supervision of the Quarantine Medical Officer and all findings shall be recorded in the Deratting Inspection Form. Deratting measures shall be conducted depending on the degree of rat infestation and a corresponding certificate will be issued.

27.3 Kinds of Deratting Certificate-

27.3.1 Deratting Certificate- a certificate being issued after a deratting measure has been performed such as fumigation or rat poisoning and trapping which is valid for six (6) months from the date of issuance.

27.3.2 Deratting Exemption Certificate – a certificate being issued when there is no evidence of rat infestation on board and is valid for six (6) months from the date of issuance.

27.3.3 Extension Certificate - a certificate being issued which shall be valid for one (1) month from the date of issuance with instruction that formal inspection and issuance of a deratting/deratting exemption certificate shall be done in the next port authorized to conduct such inspection and issuance of certificate. This certificate can only be issued once.

27.4 All vessel must have a valid deratting certificate or an extension certificate upon arrival and prior to departure.

SECTION 28. Fumigation –

The following are subject to fumigation while in the harbor:

28.1 Any vessel with human or rodent plague on board;
28.2 Any vessel moderately or heavily infested with rats or other pests and vermins.

28.3 Cargoes in a vessel from a plague-infected port which are vulnerable to harbor rats and fleas. However, if the cargo is covered by a valid certificate of fumigation from the port of loading, the fumigation may be waived subject to the verification of the authenticity of the certification.

28.4 Inter-island vessels for their periodic annual fumigation.

PART - V

INSPECTION OF AIRCRAFT UPON ARRIVAL FROM FOREIGN AIRPORTS

SECTION 29. Aircraft to be Inspected -

All aircraft from foreign airports are subject to quarantine inspection upon entry in any airport of the Philippines. Aircraft cleared in one airport in the Philippines are deemed cleared for all other airports in the country except in cases of any aircraft with an infectious disease subject to the Regulations, emerging disease, public health emergency of international concern and/or death on board.

SECTION 30. Requirements of Aircraft to be Inspected

30.1 Any aircraft from a foreign airport bound to the Philippines shall land first at an airport of entry, unless permission to land elsewhere is first granted by the appropriate authorities, and after such permission has been granted, the Director of Quarantine must immediately be notified on the time and place of arrival.

30.2 It shall be the responsibility of any airline company operating an aircraft engaged in international flight to notify within forty eight (48) hours the Bureau of Quarantine of the estimated time of arrival (ETA) of the aircraft for quarantine inspection and clearance. Such notice shall specify the following:

30.2.1 Date and time of arrival

30.2.2 type of aircraft,

30.2.3 flight number and registration marks or aircraft ID,

30.2.4 airport of origin,
30.2.5 number of persons on board.

30.3 Submit a duly accomplished aircraft General Declaration upon arrival.

SECTION 31. **Requirements from the Commanders of Aircraft to be Inspected** -

The aircraft commander or the airline representative must inform the Bureau of Quarantine before its arrival the following conditions on board:

31.1 Case/s of infectious diseases subject to the Regulations, emerging disease and/or public health emergency of international concern occurring at the airport of origin.

31.2 Person/s afflicted with illness on board or a person who is suspected to have an infectious disease subject to the regulations or emerging disease and public health emergency of international concern.

31.3 Death on board from any cause.

31.4 The transport of patient-passerenger who are medically evacuated (Medevac) regardless of the nature of the case.

31.5 He shall also provide the passenger list and seat number, cargo manifest, aircraft configuration, to the Quarantine Medical Officer on duty and facilitate the medical examination of passengers and crew by the officer-on-duty, whenever necessary.

SECTION 32. **Boarding of Aircraft Placed under Quarantine** –

32.1 In case of notification of the presence of suspected case/s of infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern and/or death on board the aircraft, no person is allowed to embark except the Quarantine Medical Officer and/or his accredited assistant/s for proper evaluation and management. Disembarkation of the other passengers shall not be allowed until such time that the aircraft has been granted a quarantine clearance.

32.1.1 Suspect case/s shall be medically evaluated at the holding area and transported to a designated referral hospital for isolation.

32.1.2 The remaining passengers and crew of aircraft, if the need arises, shall be medically evaluated in the quarantine inspection area (holding area) at the airport terminal.

32.1.3 Crew and passengers who may be possibly exposed to the disease subject
to the Regulations, emerging disease, and/or public health emergency of international concern may be isolated or undergo voluntary home confinement or quarantine.

32.1.4 Any person who enters the confines of the quarantine inspection area during the quarantine inspection of passengers without the permission of the Quarantine Medical Officer shall be subject to quarantine restriction.

32.2 In cases when the aircraft is exposed to Radiological, Biological or Chemical terrorism, the tailored actions on such incident should be followed in accordance to the interim guidelines on Preparedness and Response to Radiological, Biological and Chemical (RBC) Incidents. (see Annex A)

SECTION 33. Vector Control for Aircraft

33.1 All aircraft shall be disinfected in accordance with the rules and regulation of the World Health Organization and International Civil Aviation Organization (ICAO). However, in view of the danger of introduction of insects which are vectors of infectious diseases subject to the Regulations, emerging disease and/or public health emergency of international concern, aircraft arriving from other airports shall be subject to the following measures in addition to the in-flight disinsection, when necessary.

33.2 The aircraft shall be disinfected after disembarkation of passengers. The cabins, cockpit baggage compartments and other places in the aircraft shall be sprayed with an approved type of aerosol insecticide, or in lieu of this, a fine vaporization from a hand sprayer of the recommended insecticide.

33.2.1 Residual disinsection of the cargo hold can be performed as per request. Active anti-mosquito measures shall be maintained within a protective area extending for a distance of at least four hundred (400) meters around the perimeter of every airport of entry. A regular surveillance and monitoring of the presence of adult and larval *Aedes egypti* is undertaken to maintain the *Aedes egypti* index within the recommended limit as required by the World Health Organization.

33.2.2 All breeding places of flies, mosquitoes and other insects shall be eliminated and appropriate measures shall be implemented for the control of these vectors. The Bureau of Quarantine shall from time to time order appropriate measures against these vectors.

SECTION 34. Requirements of Aircraft before Departure

No aircraft shall be allowed to depart from any airport of the Philippines to foreign destination without securing an outgoing quarantine clearance from the Director of
Quarantine or his duly authorized representative. This clearance shall be granted to the aircraft on condition that such an aircraft has observed all quarantine requirements imposed. This clearance shall be a requirement for the granting of a customs clearance for departure.

SECTION 35. Embarkation of Travelers For International Flights

The Director of Quarantine, when he considers it necessary, may order the medical examination of travelers and may disallow of any suspected person having an infectious disease subject to the Regulations, emerging disease, and/or public health emergency of international concern from embarking on an international flight except in case of the transport of sick persons by a conveyance especially provided for the purpose, in order to safeguard the health other passenger and crew.

SECTION 36. Personnel Assigned for Aircraft Inspection –

The quarantine inspection of aircraft shall be conducted by the Quarantine Medical Officer and/or a duly accredited assistant/s designated by the Director of Quarantine. In airport where there is no Quarantine Medical Officer, a duly trained physician will be designated by the Undersecretary of Health as Acting or Alternate Quarantine Medical Officer upon the recommendation of the Director of Quarantine, who shall perform such function on annual contractual basis.

SECTION 37. Time of Aircraft Quarantine Inspection –

Inspection of aircraft required by these regulations shall be made between 0800 - 1200H and 1300 - 1700H, Mondays to Fridays. Any inspection performed outside of these hours and during Saturdays, Sundays and Holidays shall be compensated for. Hence, reasonable reimbursement by the concerned airline may be allowed by the Director of Quarantine in relation to the incurred expenses and services rendered by each quarantine personnel.

PART VI

REQUIREMENTS OF DOMESTIC AIRCRAFT

SECTION 38. Aircraft to be Inspected –

All domestic aircraft with the existence of an infectious disease subject to the Regulations, emerging disease, public health emergency of international concern and/or death on board are subject to quarantine inspection. In ports where there are no quarantine officials, inspection and clearance of these aircraft will be coordinated with the local health authorities.

SECTION 39. Requirements From The Commander of the Aircraft to be Inspected –
The aircraft commander or the airline representative must inform the Bureau of Quarantine before its arrival the following conditions on board:

39.1 Case/s of infectious diseases subject to the Regulations, emerging disease and/or public health emergency of international concern occurring at the airport of origin.

39.2 Person/s afflicted with illness on board or a person who is suspected to have an infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern.

39.3 Death on board from any cause.

39.4 The transport of patient-passenger who are medically evacuated (Medevac) regardless of the nature of the case.

39.5 He shall also provide the passenger list and seat number, cargo manifest, aircraft configuration, to the Quarantine Medical Officer on duty and facilitate the medical examination of passengers and crew by the officer-on-duty, whenever necessary.

SECTION 40: Immunization Requirements-

The Director of Quarantine may from time to time prescribe or require immunization from certain diseases if in his discretion such requirements are essential, on account of varying public health conditions.

SECTION 41. Embarkation of Travelers for Domestic Flights

The Director of Quarantine may disallow the embarkation of any suspected person having a contagious disease, or of infectious diseases subject to the Regulations, emerging disease and/or public health emergency of international concern, in order to safeguard the health of the crew and other passengers.

SECTION 42. Personnel Assigned for Inspection of Domestic Aircraft

The quarantine inspection of domestic aircraft shall be conducted by the Quarantine Medical Officer and/or his duly accredited assistant/s designated by the Director of Quarantine. In airport where there is no Quarantine Medical Officer, a duly trained physician will be designated by the Undersecretary of Health as Acting or Alternate Quarantine Medical Officer upon the recommendation of the Director of Quarantine, and shall perform such function on an annual contractual basis.

SECTION 43. Boarding of Domestic Aircraft Placed under Quarantine –
43.1 In case of notification of the presence of suspected case/s of infectious disease subject to the Regulations, emerging disease, public health emergency of international concern and/or death on board the aircraft, no person is allowed to embark except the Quarantine Medical Officer and/or his accredited assistant/s for proper evaluation and management. Disembarkation of the other passengers shall not be allowed until such time that the aircraft has been granted a quarantine clearance.

43.1.1 Suspect case/s shall be medically evaluated at the holding area and transported to a designated referral hospital for isolation.

43.1.2 The remaining passengers and crew of aircraft, if the need arises, shall be medically evaluated in the quarantine inspection area (holding area) at the airport terminal.

43.1.3 Crew and passengers who may be possibly exposed to the disease subject to the Regulations, emerging disease and/or public health emergency of international concern may be isolated or undergo voluntary home confinement or quarantine.

43.1.4 Any person who enters the confines of the quarantine inspection area during the quarantine inspection of passengers without the permission of the Quarantine Medical Officer shall be subject to quarantine restriction.

43.2 In cases when the aircraft is exposed to Radiological, Biological or Chemical terrorism, the tailored actions on such incident should be followed in accordance to the interim guidelines on Preparedness and Response to Radiological, Biological and Chemical (RBC) Incidents. (see Annex A)

Part- VII

DETENTION OF CONVEYANCE UNDER QUARANTINE

SECTION 44. Conveyance Placed in Detention

Any vessel or aircraft, which the Director of Quarantine determines and considers to be infected with diseases subject to the Regulations, emerging diseases and/or public health emergency of international concern shall be detained in quarantine.

SECTION 45. Requirements of Conveyance in Detention

No conveyance under quarantine is allowed to move or maneuver without the permission of the Director of Quarantine. Vessel under quarantine shall fly a yellow flag while under detention.
SECTION 46. Detention of Persons
Persons on board a conveyance under detention shall be subjected to all the restrictions imposed by the Director of Quarantine.

Part - VIII

REQUIREMENTS ON SANITATION and FOOD SAFETY
FOR DOMESTIC INTER-ISLAND VESSELS, PORT/AIRPORT TERMINAL and FOOD SERVICE ESTABLISHMENTS

SECTION 47. Sanitation and Food Safety
The Bureau shall take all necessary steps to ensure the maintenance of a sanitary environment within the domestic ports and airports including the supervision and control of the sanitation of inter-island vessels, food service establishments and terminals in coordination with the port/airport and shipping authorities. These measures are in line with the provisions of P.D. 856, otherwise known as the Sanitation Code of the Philippines, particularly Chapter XV – “Port, Airport, Vessel and Aircraft Sanitation”.

47.2 Sanitary Facility Requirements of Inter-island Vessels

47.2.1 Provide adequate and proper storage of potable water aboard ship with sanitary safeguards from the shore water distribution system.
47.2.2 Adapt the Good Manufacturing Practices (GMP) for food safety and sanitation onboard ship.
47.2.3 Provide hand washing and toilet facilities and approved sewage disposal and drainage system.
47.2.4 Provide adequate and safe accommodation facilities for crew and/or passengers.
47.2.5 Provide of sanitary storage and approved waste disposal system.
47.2.6 Maintain pests and vermin control

47.3 Sanitation Facility Requirements of Port Terminals, Catering Points and Food Service Establishments

47.3.1 Comply with the local ordinances regarding the structural set up of the terminal in accordance with the National Building Code of the Philippines (P.D. 1096).
47.3.2 Provide sanitation facility requirements of food handlers working in the terminal.
47.3.4 Comply with the requirements of drinking water supply in accordance with The Philippine National Standards for Drinking Water; Waste and Sewage disposal. Vermin abatement program in the buildings and premises.
SECTION 48. Food Safety Requirement

48.1 Enhance the provision of sanitation and food safety in the area of responsibility at both domestic and international ports and airports of entry, including In-flight catering, food service establishments, vessels and aircraft.

48.2 Adopt the Hazard Analysis Critical Control Points (HACCP) audit system in monitoring the food safety program implemented at the area of responsibility.

48.3 Ensure mandatory compliance of the Good Manufacturing Practice (GMP)/Hazard Analysis Critical Control Points (HACCP) provisions and guidance values as standard for the assessment of the sanitary and quality of foods served by the food service establishment and in-flight catering points at ports and airports of entry both domestic and international.

48.4 Comply with the physical / medical examination of Stewards and food-handlers for the issuance of health certificate.

SECTION 49. Monitoring and evaluation

The Bureau of Quarantine shall conduct a methodical examination and review of procedures and records of the program/system with a detailed report of findings. Guidelines will be promulgated in establishing monitoring procedures in tracking system operations, deviation from the standard requirements and establishment of records for use in verifications.

Part IX

requirements for cargoes and materials for medical transplant, and research

SECTION 50. Regulations on Importation and Exportation of Cargoes

50.1 Cargoes that are considered to harbor vectors of infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern:

50.1.1 Cargoes from plague-infected port that are vulnerable to harbor rats or fleas shall be fumigated prior to its unloading in the port. Gunny sacks or jute bags or cargoes wrapped with the same materials coming from Plague-infected countries shall be fumigated prior to the release to the consignee unless covered by a valid fumigation certificate.

50.1.2 Other cargoes that may carry vector-borne diseases and/or cargoes potentially exposed to diseases disease subject to the Regulations, emerging
disease and/or public health emergency of international concern of public health concern shall be subject to quarantine measures.

50.2. Cargoes containing hazardous materials (radiological, biological, or chemical wastes etc.) are subject to stringent quarantine inspection and measures.

SECTION 51. Regulation on Importation and Exportation of Materials for Medical Transplant and Research

51.1 Organs or tissues of human origin, culture of bacteria or any live microbe or collection of organisms, that may cause any disease to humans, or any insect, animal or plant and its by-products, potentially capable of transmitting a disease to humans, shall not be admitted nor to be transported to or from the Philippines without a specific permit issued by the Director of Quarantine in coordination with concerned agencies such as veterinary, plant, fish and wildlife quarantine.

51.2 Organs, tissues or specimens of human origin which are solely for medical/clinical research and are non-infectious shall secure a quarantine permit or clearance prior to its admission or shipment. These shall be accompanied by necessary documents or protocols secured from the Bureau of Food and Drugs (BFAD).

Part X

CLEARANCE OF HUMAN REMAINS

SECTION 52. Regulations on Clearance of Human Remains

52.1 The admission of human remains into the country shall be governed by the following regulations:

52.1.1 All human remains arriving at Philippine ports and airports coming from foreign countries shall be accompanied by the following documents for quarantine clearance:

a. Death certificate or a true copy thereof, with proper translation, certified by the appropriate authorities from the country of origin.

b. Certification from the Consul at the country of origin.

c. Certification that there is no existence of a pestilence from the health authority of the country of origin.

d. Embalming certificate stating that the human remains have been properly embalmed and placed in a hermetically sealed (airtight and
e. Cremation certificate stating that the human remains have been properly cremated and the ashes shall be placed in a hermetically sealed urn or a similar container.

52.1.2 Death caused by a highly pathogenic organism, infectious disease subject to the Regulations, emerging disease and/or public health emergency of international concern, the remains may be issued quarantine clearance under the following conditions.

a. The remains should be cremated before shipment in case of the grave public health threat posed by the disease,
b. For other cases that need no cremation, the casket should remain permanently sealed from the port of origin and burial must take place within 24 hours after issuance of clearance of admission into the country.

52.2 Human remains for transport to foreign or domestic ports shall secure a Quarantine Permit before shipment with the following documents:

52.2.1 Death certificate or a true copy thereof

52.2.2 Embalming certificate stating that the human remains have been properly embalmed and placed in a hermetically sealed (airtight and waterproof) casket.

52.2.3 Cremation certificate stating that the human remains have been properly cremated and the ashes shall be placed in a hermetically sealed urn or a similar container.

PART XI

MEASURES ON PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN (PHEIC)

SECTION 53. Preparedness and Response Guidelines

53.1 The Bureau of Quarantine shall institute rules and regulations governing the measures for the control of the introduction and spread of public health emergencies of international concern at the port and airport of entry. (see Annex B)

53.2 In the event of an outbreak of public health emergency of international concern in a community, the Director of the Bureau shall recommend to the Secretary of Health the following measures for the prevention of transmission and spread of such public
health emergency in coordination with Department of Health agencies (HEMS, NCDPC, NEC, NCHFD, CHDs) and other concerned government agencies ((NDCC, DILG):

53.2.1 Apprehension, detention/isolation or surveillance of suspect/cases.
53.2.2 Place under active or passive surveillance, individuals who have been exposed to the infection considered as dangerous contact.
53.2.3 To declare an area or community “under quarantine” where the public health emergency occurs.

53.2 The Secretary of Health is authorized to mobilize other government agencies for the purpose of preventing the introduction, transmission and spread of public health emergencies of international concern.

PART - XII

MANAGEMENT PROTOCOL FOR DISEASES SUBJECT TO THE INTERNATIONAL HEALTH REGULATIONS

SECTION 54. CHOLERA

Cholera-Infected Ship or Aircraft:

54.1 General Consideration –

54.1.1 A ship or aircraft shall be regarded as infected if during the voyage a case of cholera has occurred on board.
54.1.2 When coming from a cholera-infected area, a ship or an aircraft on arrival shall be regarded as non-infected if upon inspection by the Quarantine Medical Officer there is no case of cholera that has occurred on board during the voyage.
54.1.3 Water carried on board which is considered contaminated shall be disinfected, removed and the containers shall likewise be disinfected;
54.1.4 Human excreta, waste water including bilge water, and any matter which is considered to be contaminated shall be properly disinfected under supervision of the Bureau of Quarantine prior to disposal;
54.1.5 Unloading of contaminated matters and wastes shall be in accord with the anti-pollution law under the supervision of the Bureau of Quarantine in coordination with other concerned agencies..
54.1.6 Persons engaged in the unloading of such contaminated materials shall be subject to surveillance for a period not exceeding five days from the time they cease unloading.

54.2 Management of Cholera-infected Person or Suspect –

54.2.1 Medical examination of crew and passengers;
54.2.2 Patients shall be disembarked, isolated and treated;
  a. Cases manifesting the clinical symptoms of the disease, in which no cholera vibrio organism has been found or in which vibrios found are not characteristic of cholera vibrio, shall be considered as actual patients and treated as such;
  b. Cholera suspect/s on arrival shall be disembarked, placed under surveillance and treated. They shall be released only when three successive bacteriological examinations of their stools have been found to be negative;
  c. Vaccination with oral cholera vaccine to travelers when requested.
  d. Baggage of any infected person or suspect and any other article which is considered contaminated shall be disinfected;

SECTION 55. PLAGUE

Plague-Infected or Suspected Ship or Aircraft –

55.1 General Consideration -
  55.1.1 A ship or an aircraft on arrival shall be regarded as plague infected if it has a case of human or rodent plague on board.
  55.1.2 A ship on arrival shall be regarded as suspected if it has no case of human plague on board but there is an abnormal death among rodents on board with unknown cause.
  55.1.3 A ship or an aircraft coming from a plague-infected area, shall be regarded as non-infected if on inspection, the conditions specified in the preceding paragraphs (a) and (b) do not exist.

55.2 Management of Plague-Infected Person or Suspect -
  55.2.1 Medical examination of crew and passengers;
  55.2.2 Patients with plague shall be disembarked, isolated and treated;
  55.2.3 Asymptomatic suspect will be placed in quarantine or placed under surveillance for a period of not more than six (6) days from the date of exposure;
  55.2.4 Baggage of a plague-infected person or suspect and any other article or part of the ship or aircraft considered to be contaminated shall be disinfected;

SECTION 56. YELLOW FEVER

Yellow Fever Infected or Suspected Ship or Aircraft –

56.1 General Consideration –
  56.1.1 A ship or aircraft shall be regarded as yellow fever infected if it has a case of
yellow fever on board.
56.1.2 A ship or aircraft shall be regarded as suspected if disinsection was not performed satisfactorily and live mosquitoes are found on board.
56.1.3 Any person over one (1) year of age coming from a yellow fever infected area must possess a valid yellow fever immunization certificate upon arrival in the country. Likewise, travelers to yellow fever infected countries must also possess a valid yellow fever vaccination certificate.
56.1.4 Any person arriving from a yellow fever infected area without a valid certificate of vaccination against the disease, shall be placed in quarantine for a period of not more than six days reckoned from the last possible exposure or departure from the affected area.

56.2 Management of Yellow Fever infected Person or Suspect.-
56.2.1 Medical examination of all passengers and crew;
56.2.2 Temperature of all passengers and crew may be taken when necessary;
   a. Any person under observation presenting a fever above thirty eight degrees Celsius (38°C), shall be isolated in a screened room;
   b. The person afflicted by the disease shall be immediately disembarked, isolated and protected by netting against the access of mosquitoes;
56.2.3 The ship or aircraft shall be inspected and subjected to vector control measures on board and until such measures have been carried out, a vessel shall be considered in quarantine.
56.2.4 The vessel or aircraft shall be disinfected against mosquitoes before the discharge of cargo. The discharge of cargo shall be under the supervision of the Quarantine Medical Officer and may be carried out by vaccinated persons. If unvaccinated persons are employed, they shall be kept under surveillance for six (6) days reckoned from the last day of exposure on board.

PART XIII

MEDICAL CLEARANCE OF FOREIGNERS FOR IMMIGRATION PURPOSES

SECTION 57 – Medical Examination of Foreigners/Aliens for Immigration Purposes

57.1 As the medical arm of the Bureau of Immigration pursuant to R.A. 997 of 1954 as amended by R.A. 1241 of 1955, the Bureau of Quarantine is mandated to conduct physical and medical examination of foreigners or aliens seeking residency in the country as a pre-requisite to the issuance of their corresponding visa by the Bureau of Immigration.

57.2 Classification of Defects and Diseases of Foreigners/Aliens which are subject to
administrative disposition by the Bureau of Immigration.

57.2.1 Class A - a classification that a foreigner has a communicable disease of public significance, and/or has a physical or mental disorder that may pose, or has posed, a threat to the property, safety, or welfare to himself or to others.

57.2.2 Class B - a classification that a foreigner has a physical or mental abnormality, disease, or disability serious in degree or permanent, resulting to a substantial departure from his/her normal well-being which may affect his ability to earn a living.

57.2.3 Class C - a classification that a foreigner is afflicted with any condition properly classified as a physical defect or disease which is minor or transient in nature and not likely to affect his ability to earn a living.

57.3 Only Regular Quarantine Medical Officers can issue the medical clearance of foreigners/aliens.

57.4 Examination Requirements for foreigner/alien:
   56.4.1 Chest X-ray
   56.4.2 Serology
   56.4.3 Stool examination
   56.4.4 Urine examination
   56.4.5 Other examination when necessary

PART XIV

UTILIZATION OF INCOME

SECTION 58. Authority to utilize at least fifty percent (50%) of the income.

To prescribe the guidelines relative to the implementation of Section 9, of the “Quarantine Act of 2004” R.A. 9271, quoted as follows:

Section 9. – “Authority to Utilize Income. – The Bureau of Quarantine shall be authorized to use at least fifty percent (50%) of the income generated, subject to accounting and auditing rules and regulations”.

58.1 The fifty percent (50%) income generated shall be retained and constituted as a Trust Fund to augment the requirements of the Bureau for the Maintenance and Other Operating Expenditures (MOOE) and Capital Outlays. Provided, however, no amount in the said Trust Fund shall be used for the payment of salaries and other allowances and benefits in cash or in kind.
58.2. The Bureau of Quarantine shall maintain separate books of accounts to cover the receipt and utilization of all income collected pursuant to the usual budgeting, accounting and auditing rules and regulations.

58.3. Such income as enumerated below which shall be referred to as “Quarantine income” in this Section shall be constituted as Trust Fund and shall be deposited in any authorized government depository bank (AGDB).

58.3.1. Vaccination Fees
58.3.2. Laboratory Fees
58.3.3 Deratting Fees
58.3.4 Service Fees
58.3.5 Fines and penalties

58.4. The interest income arising from the Trust Fund shall be remitted to the Bureau of Treasury.

58.5 The other fifty percent (50%) shall be treated as Income in the General Fund to be remitted to the Bureau of Treasury.

58.6 The utilization of the income shall be approved by the Director of Quarantine upon the recommendation of the Management Committee of the Bureau in the form of a Resolution, copy furnished the Office of the Secretary of the Department of Health and the Department of Budget and Management.

58.7. The Bureau of Quarantine shall submit to the Department of Budget and Management, copy furnished the Office of the Secretary of the Department of Health, a Quarterly Report of Estimated Income Collection and Utilization and a Status of Actual Quarterly Income Collection and Utilization as indicated in Annex C and C-1, certified correct by Bureau Budget Officer and Accountant, respectively, recommended by the Management Committee and approved by the Head of Office.

PART – XV

ADMINISTRATIVE PROCEEDINGS AND PENALTIES

SECTION 59. Administrative Proceedings

The Bureau of Quarantine shall, motu proprio, or upon filing of charges or complaints by any individual, corporation, association, or organization, against any vessel, aircraft or any of its personnel who has violated or is violating the provisions of RA 9271 and/or of these rules and regulations, investigate and verify if the vessel, aircraft or any of its personnel, is guilty of the charges or complaints. If upon investigation and hearing, the vessel, aircraft or any of its personnel is found violating the provisions of RA 9271 or of
these rules and regulations, the Director of the Bureau of Quarantine shall impose a fine of not less than One Hundred Thousand pesos (P100,000.00) but not more than Five Hundred Thousand pesos (P500,000.00).

1). First Offense  
   Warning

2). Second Offense  
   Public Censure (at the expense of the Guilty Party)

3). Third Offense  
   P 100,000.00 to P250,000.00, without prejudice to the withholding of operation of the vessel or aircraft

4). Fourth Offense  
   P 250,001.00 to P500,000.00, without prejudice to the withholding of operation of the vessel or aircraft

The penalty will depend upon the degree of the severity of the offense and to the impact on public health.

The amount collected from the administrative penalties shall be forfeited in favor of the Bureau of Quarantine.

SECTION 60. Appeal –

Any vessel or aircraft aggrieved by the decision of the Bureau of Quarantine may, within fifteen (15) days after the receipt of notice of the decision, file a notice of appeal with the Office of the Secretary of the Department of Health (DOH-OSEC), and serve a copy thereof to the Bureau of Quarantine. Thereupon, the Bureau of Quarantine shall promptly certify and forward a copy of the decision, including all the documents and transcripts of the hearings upon which the decision is based, with the DOH-OSEC for review.

SECTION 61. Criminal Penalties –

Any person who violates any provision of these rules and regulations or the Quarantine Act of 2004 shall be penalized by a fine of not less than Ten Thousand pesos (P10,000.00) but not more than Fifty Thousand pesos (P50,000.00) or by imprisonment of not more than one year or both at the discretion of the court of competent jurisdiction.

PART – XVII

CLAUSE AND EFFECTIVITY
SECTION 62. *Suppletory Clause*

The International Health Regulations (IHR) of the World Health Organization (WHO). Shall supplement the provisions of these Implementing Rules and Regulations.

SECTION 63. *Separatibility Clause*

In the event that any section or provision of these Implementing Rules and Regulations (IRR) be declared by the Court to be unconstitutional or invalid, such decision shall not affect the validity of the IRR as a whole or any part thereof other than the part so declared to be unconstitutional or invalid.

SECTION 64. *Repealing Clause*

All Administrative orders, ordinances or rules and regulations regarding foreign and local quarantine concerns in conflict with the provisions of the IRR are hereby repealed, provided that the rights that are vested upon the effectivity of the IRR shall not be impaired.

SECTION 65. *Effectivity*

These Implementing Rules and Regulations (IRR) shall take effect fifteen days (15) days after its publication in at least two (2) national newspapers of general circulation.

APPROVED: 

MANUEL M. DAYRIT, MD, MSc
*Secretary of Health*

Recommended by:

ETHELYN P. NIETO, MD, MPH, MHA
*Undersecretary of Health*
*Health Operations Cluster*
PREPAREDNESS AND RESPONSE TO RADIOLOGICAL, BIOLOGICAL AND CHEMICAL INCIDENTS

Interim Guidelines on Radiological, Biological and Chemical (RBC) Incidents

The Bureau of Quarantine will respond and perform its roles in the events of Radiological, Biological and Chemical Incidents in accordance to the Department of Health’s interim guidelines on preparedness and response to these incidents. This is in response to the WHO-World Health Assembly resolution, *Global public health response to natural occurrence, accidental release or deliberate use of biological agents or radio nuclear material that affect health*, and part of the government’s 14 Pillars of Policies and Actions against terrorism (Malacañang Memo 37 dated October 2001).

The role of the Bureau of Quarantine, in coordination with other concerned government agencies, includes the prevention of the introduction and spread of agents deliberately released in relation to an RBC Incident through effective quarantine and isolation in the area of responsibility. This is one of the major areas of concern that the Department of Health is going to address in this event.

The following are the specific roles and responsibilities of the Bureau of Quarantine:

1. Develops protocols and field operation guides on the quarantine management of suspected persons or cases, vessels and aircraft allegedly exposed to such incidents in coordination with other agencies.

2. Conducts surveillance, preparedness and response procedures to RBC incidents at the ports and airports of entry and subports.

3. Monitors public health threats related to the deliberate release of biological and chemical agents occurring in other countries.

4. Provides technical inputs in the development of training design and alert system on entry-exit management.

5. Provides information on most likely scenarios and targets for RBC incidents in the areas of responsibility.

**Annex A-1**

CHEMICAL AND BIOLOGICAL TERRORISM RESPONSE IN AVIATION
ARRIVING AIRCRAFT

- Sick/dead person suspiciously exposed to chemical/bioterrorism
- Aircraft suspiciously exposed to chemical/bioterrorism

NOTIFICATION OF BUREAU OF QUARANTINE

Inform:
- DOH Crisis Management; HEMS OpCen
- NAIA Authority
- NAIA Medical; ASC;

Containment of aircraft (placed in quarantine)
- Airport Authority
- Security (ASC)

Triage – HAZMAT; SAR
On-site Decontamination
- Decon Team

Placement and transport of sick person
Crew and other passengers
Dead person on board
Inspection of aircraft
- HAZMAT

Holding Area
Hospital
Examination and Surveillance
Body Disposal
Decontamination

Annex A-2
CHEMICAL AND BIOLOGICAL TERRORISM RESPONSE IN SHIPPING

ARRIVING VESSEL

Sick/dead person suspiciously exposed to chemical/biological terrorism

Aircraft suspiciously exposed to chemical/bioterrorism

NOTIFICATION OF BUREAU OF QUARANTINE

Inform:
- DOH Crisis Management; HEMS
- OPcen

Inform:
- Harbor Pilot; Shipping company; CIQ; Security

Containment of vessel at the Quarantine Anchorage (placed in quarantine)
- Security (Coast Guard)

Triage – HAZMAT; SAR
On-site Decontamination
- Decon Team

Placement and transport of sick person (use of small seacraft to transfer patient from the vessel to the ambulance at the pier)

Hospital

Crew and other passengers

Examination and Surveillance

Dead person on board

Body Disposal

Inspection of aircraft - HAZMAT

Decontamination
Annex B

MEASURES DURING OUTBREAK OF PUBLIC HEALTH
EMERGENCIES OF INTERNATIONAL CONCERN (PHEIC)

A. Guidelines on Preparation

- Preparation of case definition of the public health emergency of international concern (PHEIC) for dissemination to all Quarantine Medical Officers, Quarantine Stations, port and airport authorities, government agencies and other concerned agencies.
- Effective communication system for rapid notification and information between the Bureau of Quarantine with airport/port authorities, airline/shipping companies, security and other government agencies (Custom, Immigration, DA etc.)
- Preparation of guidelines or protocols on the screening and handling of passengers arriving from international flights.
- Preparation of a Health Check List to be filled up by crew and passengers of international flights.
- Preparation of a guideline on the handling of suspects/cases while on board.
- Preparation of a guideline on the clearance of arriving aircraft / vessels coming from infected countries.
- Information dissemination to stakeholders and users in the areas of responsibility.
- Procurement of protective equipments and supplies.
- Collaboration and exchange of information on the entry-exit management of public health emergencies of international concern (PHEIC) among countries and close coordination with international health organizations (WHO, CDC, other health institutions) on the updates and policy formulation/implementation.

B. RESPONSE:

- Implementation of the tailored action plans

1. Filling up of Health Check List by crew and passengers of international flights and voyages (if deemed necessary).
2. Wearing of appropriate personal protective equipment is mandatory (e.g., health workers, suspects, other concerned individuals).
3. Temperature screening of crew and passengers arriving and departing from international flights and voyages by the use of thermal scanners, forehead strips, mercurial thermometers, etc.
4. Medical evaluation at the Holding Area of suspects and contacts arriving or departing from international flights and voyages for referral to a dedicated hospital or for voluntary home confinement with active/passive surveillance.
5. Issuance of Health Alert cards and other Information Education and Communication (IEC) materials to travelers.
6. Activation of the referral system with the dedicated/designated hospitals.
7. Institute other health measures that are deemed necessary (disinfection, decontamination, disinsection)

- During an outbreak, febrile patients shall be strongly advised from traveling, unless the reason for travel is to seek medical consultation for the illness, in which case, appropriate barrier nursing measures should be followed.
- Non-essential travels to disease affected country may be recommended.
- Collection, collation and reporting of data for dissemination to concerned agencies (OSEC, NEC, NCDCP, NAIA, etc)
- Effective networking with the port and airport authorities, airline and shipping companies, CIQS, and other government and non-government agencies.
PROTOCOL ON THE MANAGEMENT OF SUSPECTS/CASES
AT THE PORTS AND AIRPORTS OF ENTRY

Filling up of HEALTH CHECK LIST on

HEALTH CHECK LIST to be submitted to the Quarantine Medical Officer upon arrival

Symptomatic upon arrival
(Presence of fever, cough, sore throat, difficulty of breathing, etc.)

Asymptomatic upon arrival
(Absence of signs and symptoms)

Initial examination by Quarantine Medical Officer

Suspect

Not Suspect

Holding Area – Suspects are further assessed for hospitalization or not

If signs and symptoms develop within 10 days of arrival.
(The passenger calls up the health authority)

Still asymptomatic after 10 days

Safe

Refer to *RITM or **SLH; or to the Regional Hospital or to dedicated hospital of choice for further clinical evaluation and management.

***National Epidemiology Center (NEC)
741-7048 ; 742-1937

*RITM – Research Institute of Tropical Medicine – 8097599 ; 8072628 / 32
**SLH – San Lazaro Hospital 7116979 ; 7323776
***NEC – National Epidemiology Center – 741-7048 ; 742-1937
HEALTH CHECK LIST

Date_________________

TO ALL PASSENGERS:

You are requested to accomplish this form honestly and completely to facilitate quarantine procedures. This is for your own protection and for the safety of your family and the community.

IMPORTANT REMINDER: Anyone found giving wrong information or trying to avoid answering the Check List will be punished in accordance with law.

Arrival Date ___________ Port of Origin __________________ Flt # _____ Seat #____
Countries visited the past three (3) weeks:
- □ Hongkong  □ Taiwan  □ U. K
- □ U. S.  □ China  □ Canada
- □ Singapore  □ Vietnam  □ Others______________

Name:  _____________________________________________________________

Last Name                       First Name            Middle Name

Sex ______       Age ______          Nationality __________ ____________
Civil Status:  _____________   Tel/Mobile No. ___________________

Occupation:
[   ] works in a hospital, clinic or nursing home
[   ] household help   [   ] others, specify _________________

Address in the Philippines:  ______________________________________________

Please check if you have any of the following at present or during the past 14 days:
[   ] Difficulty of Breathing    [   ] Diarrhea
[   ] Fever                                [   ] Sore Throat                  [   ] Headache
[   ] Cough                               [   ] Body Weakness           [   ] Others, specify __________

In the past 14 days:
Did you visit any health worker, hospital, clinic or nursing home?       Did you visit a poultry farm or in contact with birds/chickens
[   ] Yes     [   ] No    [   ] Yes     [   ] No

Were you confined in a hospital?     [   ] Yes     [   ] No
Do you have any household member/s or close friend/s currently having fever, cough and/ or respiratory problems?
[   ] Yes     [   ] No

___________________________________
Signature of Passenger
Name of Agency: Bureau of Quarantine

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<th>Particulars</th>
<th>Acct. Code</th>
<th>Amount</th>
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Certified Correct: 

Recommending Approval:

________________________    ____________________________
Budget Officer               Chairman, Management Committee

Approved By:

________________________
Head of Agency
Annex C-1

Actual Estimate of Income Collection and Utilization
For Quarter Ending ________________, 200__

Name of Agency: Bureau of Quarantine

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<th>Particulars</th>
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Certified Correct: __________________________

 Recommending Approval: _________________________________

Budget Officer            Chairman, Management Committee

Approved By:

Head of Agency
Annex D

S. No. 2749
H. No. 6116

Republic of the Philippines
Congress of the Philippines
Metro Manila
Twelfth Congress
Third Regular Session

Begun and held in Metro Manila, on Monday, the twenty-eighth day of July, two thousand three.