ADMINISTRATIVE ORDER No. AVT-2015-026
22 September 2015

Subject: GUIDELINES AND POST AUDIT PROTOCOLS IN THE ACCEPTANCE OF MEDICAL CERTIFICATES

In accordance with the provisions of Republic Act No. 4136, as amended by Batas Pambansa Blg. 398, and Land Transportation Office (LTO) Administrative Order No. AVT-2015-026, the following guidelines and post audit protocols governing the acceptance of Medical Certificates are hereby prescribed and promulgated for the compliance, information and guidance of all concerned:

1. It is primarily the responsibility of the LTO to determine the physical and mental fitness of a person to operate a motor vehicle.

2. In order to aid the LTO in its determination, every person who desires to operate a motor vehicle must submit a Medical Certificate from a physician stating that the applicant’s health, sight and hearing are sound and normal, and that the applicant is physically and mentally fit to operate a motor vehicle.

3. Henceforth, in the interest of uniformity and efficiency and in order to maintain the integrity of the examination while upholding the presumption of regularity by practicing doctors of medicine duly licensed to practice medicine in the Philippines in the performance of their functions, it shall be sufficient for the Medical Certificate to contain the following:

A. Name of the Physician;

B. Complete Address of the clinic of the Physician;

C. Professional Tax Receipt (PTR) number of the Physician;

D. Professional Regulation Commission (PRC) number of the Physician;

E. Name of the driver’s license applicant;
F. A signed certification that an applicant is:

i. Physically and mentally fit to drive or, if not, is orthopedically impaired, such as -
   For upper limbs – amputated left or right arm with prosthesis;
   For lower limbs – amputated left or right leg with prosthesis;
   Post-Poliomyelitis – with one paralyzed leg either left or right;
   Paraplegic – paralyzed from the waist down;
ii. Has clear eyesight or, if not, is partially blind, colorblind or otherwise needs proper corrective glasses; and
iii. Has clear hearing or, if not, is speech and hearing impaired, such as when a person unable to speak but can hear/can partially hear or otherwise requires a hearing device.

G. Date of the Medical Certificate.

Attached is the form of the Medical Certificate required to be completely filled up by the physician and submitted by the applicant. The Official Receipt (OR) for the Medical Certificate will not be required to be submitted. Copies of the Medical Certificate shall be made available in all LTO offices nationwide and shall be uploaded in the websites of both Department of Transportation & Communications and Land Transportation Office for easy access of the applicant.

4. A Person with Disability (PWD) can only be issued a Non-Professional Driver’s License and only upon examination and certification by specialized physicians, such as:

A. Ears, Nose and Throat (ENT) Specialist – for speech and hearing impaired applicants;
B. Ophthalmologist – for visually-impaired applicants; and
C. Rehabilitation Medicine Specialist – for orthopedically-impaired applicants.

5. Orthopedically impaired applicants shall be allowed to operate only duly registered customized motor vehicles.

6. A visually-impaired applicant is limited to “daylight driving only”, which is from 6:00 A.M. to 6:00 P.M.

7. A Medical Certificate shall be valid only for a period of fifteen (15) days from its date of issuance.
8. On a monthly basis, all Medical Certificates submitted by the applicants shall be transmitted to the LTO Regional Office where the same was submitted, through the Office of the Regional Director, for post-audit to be conducted by the respective regional internal audit teams to be constituted by the regional directors for this purpose in order to determine compliance with applicable laws, rules and regulations in the issuance of driver's licenses.

9. On a quarterly basis, the regional audit team shall submit its report to the LTO Central Office, through the Office of the Assistant Secretary, who shall transmit the same to the Internal Audit Division (IAD) in order to confirm compliance with applicable laws, rules and regulations in the issuance of driver's licenses. The IAD shall then report its findings to the Office of the Executive Director for appropriate action.

10. Accordingly, all existing LTO Regional Committees on Accreditation of Physicians (RCAP) and Central Office Committee on Accreditation of Physicians (COCAP) are hereby dissolved.

11. It is the responsibility of the applicant to submit an authentic and correct Medical Certificate. In the event that an LTO license holder is found to have submitted a forged, falsified, fraudulent or fake medical certificate, the license shall be put on alarm and, thereafter, be revoked, if warranted. The said applicant shall also be disqualified from being granted a driver’s license and driving a motor vehicle for a period of one (1) year from the payment of the fine of Php3,000.00, without prejudice to other appropriate charges under Joint Administrative Order No. 2014-01.

12. Upon finding by the IAD or on the basis of any written complaint, a Show Cause Order shall be issued by the LTO Executive Director to any physician found to have issued a forged, falsified, fraudulent or fake medical certificate, or any act inimical to the public in relation to the issuance of the Medical Certificate, in order to explain in writing within fifteen (15) days from receipt thereof, why no action/s should be taken against said physician. A hearing shall also be held with the LTO Office of the Executive Director, who shall be assisted by the Chief of the Operations Division and the Chief of the Licensing Section, in order to determine compliance with applicable laws, rules and regulations.
13. The findings of the Executive Director shall be forwarded to the Assistant Secretary who may then impose the following penalties upon the physician, if warranted by the evidence on record:

A. First Offense – Php10,000.00;

B. Second Offense – Php5,000.00 and six (6) months suspension wherein LTO shall not accept Medical Certificate issued by the guilty accredited physician; and

C. Third Offense – Perpetual blocking, wherein LTO will no longer accept any Medical Certificate issued by the guilty accredited physician.

The penalties enumerated above are without prejudice to the impositions of other administrative or criminal actions that may be charged against the guilty Accredited Physician.

14. The Decision of the Assistant Secretary shall be final and executory, not subject to the filing of a motion for reconsideration, unless appealed to the Secretary of Transportation and Communication within fifteen (15) days from receipt thereof.

15. Any official and/or employee violating this Order shall be subject to appropriate administrative action in accordance with the existing Civil Service Rules and Regulations.

16. All prior orders, circulars and memoranda as well as any related issuances or part thereof inconsistent with these provisions are hereby repealed or amended accordingly.

17. If any provisions of this Administrative Order or the application thereof to any person or circumstance are held invalid, the remainder of this Order, and the application of such provision to other persons or circumstances, shall not be affected thereby.
18. This Order shall take effect fifteen (15) days after publication in two (2) newspapers of general circulation in the Philippines.

RECOMMENDING APPROVAL:

ATTY. ALFONSO V. TAN, Jr.
Assistant Secretary

APPROVED BY:

JOSEPH EMILIO AGUINALDO ABAYA
Secretary

CERTIFIED TRUE COPY

ADMINISTRATIVE RULES & REGULATIONS
RECEIVED
29 OCT 2015
MEDICAL CERTIFICATE

DATE: ______

DRIVER'S LICENSE APPLICANT: ____________________________

This is to certify that the aboved-named applicant is:

1. Physical and mentally fit to drive
   □ YES
   □ NO
   □ Upper limbs - amputated □ left or □ right arm with prosthesis
   □ Upper limbs - amputated □ left or □ right leg with prosthesis
   □ Post-polio-myelitis - with one paralyzed leg either □ left or □ right
   □ Paraplegic - paralyzed from the waist down

2. Has clear eyesight
   □ YES
   □ NO
   □ Partially blind
   □ Color blind
   □ Needs proper corrective glasses

3. Has clear hearing
   □ YES
   □ NO
   □ Speech / hearing impaired
   □ Needs hearing device

OTHER FINDINGS (if necessary):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

PHYSICIAN'S SIGNATURE

NAME OF PHYSICIAN: ____________________________

COMPLETE ADDRESS OF CLINIC: ____________________________________________

PRC LICENSE NUMBER: ____________________________   VALID UNTIL: __________

PTR NUMBER: ____________________________   VALID UNTIL: __________

VALID ONLY FOR FIFTEEN (15) DAYS FROM THE DATE OF ISSUANCE