



Republic of the Philippines
Department of Education
Region VII-CENTRAL VISAYAS
SCHOOLS DIVISION OF BOHOL

Office of the Schools Division Superintendent

March 23, 2020

DIVISION MEMORANDUM

No. 149, s. 2020

**GUIDELINES FOR SECURING CLEARANCE TO USE SCHOOL ROOMS
AS QUARANTINE ROOMS**

To: Public Schools District Supervisors (PSDS)
Principals/School Heads/School-In-Charge
School Health and Nutrition Personnel
School Disaster Risk Reduction and Management

1. This has reference to **Division Memorandum No. 146, s. 2020 Quarantine Room In Schools.**
2. Upon compliance with the requirements stipulated in the Selection of a Quarantine Room in School, a Clearance Form must be secured.
3. The clearance shall be issued by the Department of Education through the PSDS.
4. The PSDS is hereby delegated to verify and certify that there are no other areas in the municipality/barangay/locality that can be used as a quarantine area and that the LGU has resorted to the use of a room/s in the school as the final course of action.
5. The certification issued by the PSDS shall be presented to the LGU who shall in turn certify that the room/s being presented to be used as quarantine room/s is/are suitable for such purpose.
6. Attached is the Clearance Form to be accomplished by the PSDS and the LGU.
7. Immediate dissemination and implementation of this memorandum is hereby directed.


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Schools Division Superintendent
Division of Bohol



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CLEARANCE FORM

DATE: _____

This is to certify that I (Name) _____, (District) _____, have personally inspected the locality and can vouch that to the best of my knowledge there are no other room/s that can be used as a Quarantine Room. I further certify that the (Room) _____ in (School) _____ has been selected with strict adherence to the guidelines in the selection of a quarantine room in school as stated in the **Division Memorandum no. 146, s. 2020.**

PSDS Name & Signature

DATE: _____

This is to certify that I (Name) _____, of (LGU-RHU) _____, have personally examined (Room) _____ in (School) _____ which has been selected by the PSDS (Name) _____ and that the room/s is suitable to be used as Quarantine Room/s.

**Rural Health Unit Staff
Name & Signature**



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