



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

Office of the Schools Division
Superintendent

October 14, 2020

Office Memorandum
No. 016 series of 2020

For: Office of the Schools Division Superintendent (OSDS)
Office of the Assistant Schools Division Superintendents (OASDS)
Curriculum Implementation Division (CID)
Schools Governance and Operations Division (SGOD)
SDO Personnel
All Others Concerned

Subject: **CLEARANCE FOR DIVISION LEVEL ACTIVITIES**

- I. This office issues this memorandum to prescribe the following process for the allowance of the conduct of **Division-level activities**.
- II. **Division level activities** shall be defined as:
 - a. Face-to-face conferences or activities organized at the Division-level by respective section heads, and/or by the head of office;
 - b. Conferences or activities in function venues which are deemed absolutely essential, where in the use of off-site methods is not considered feasible;
- III. The **organizer** of the division-level activity shall be responsible for fulfilling the necessary requirements for the allowance of the activity.
- IV. **REQUIREMENTS FOR CLEARANCE** of Division-Level Activities to be secured by the organizer(s):
 - a. **Letter request** addressed to the Schools Division Superintendent through the Division Medical Officer III for the recommending approval;
 - b. Properly-accomplished **Request for Medics Form** (1 copy).
- V. **PROCESS FOR CLEARANCE:**
 - a. The requirements shall be accomplished and submitted **by the organizer at least one working week prior to the conduct of the activity**, and shall be subject to the perusal and approval of the Schools Division Superintendent, through the Division Medical Officer.
 - b. The organizer shall be given a **reply** from the School Health and Nutrition Section within **1-2 working days** from the receipt of the request.



- c. Copies of the approved or denied requests shall be transmitted to the Office of the Schools Division Superintendent accordingly.

VI. **SPECIAL CONSIDERATIONS AND RESTRICTIONS:**

- a. The number of participants of each activity **must not exceed fifty percent (50%)** of the **capacity** of the function room/venue;
- b. Participants belonging to **vulnerable groups shall be discouraged** from attending (pregnant women, breastfeeding mothers, senior citizens, individuals with pre-existing medical conditions);
- c. If **meals** shall be provided, then they **must be packed** for each participant. Buffet is highly discouraged;
- d. The organizer shall be responsible in pre-arranging with the venue the strategic placement of tables and chairs to ensure **physical distancing**;
- e. The proper wearing of face masks and the availability of hand sanitizing agents must be employed during the conduct of the activity;
- f. The activity **must not involve any strenuous procedures**, or anything that may result in the non-usage of masks and the high production of respiratory aerosols;
- g. The provision of DepEd Health Personnel for medics on duty for approved division-level activities shall be subject to the availability of personnel;
- h. If medics are unavailable for the requested dates, recommendations for the modification of the schedule of the activity may be given accordingly to accommodate such circumstances;
- i. For activities that will be attended by non-DepEd participants, an additional clearance from the Bohol Provincial Health Office (BPHO) must be secured by the organizing party.

VII. Please see the attachment for reference.

VIII. For your information, dissemination, and staunch support.


BIANITO A. DAGATAN, Ed.D, CESO V
Schools Division Superintendent





Republic of the Philippines
Department of Education
Region VII, Central Visayas
Division of Bohol
Tagbilaran City



SCHOOL HEALTH AND NUTRITION SECTION
REQUEST FORM FOR MEDICS

I. ACTIVITY PROFILE

NAME OF ACTIVITY: _____

VENUE: _____

INCLUSIVE DATES: _____

AGENCY/OFFICE/SECTION IN CHARGE: _____

II. NATURE OF ACTIVITY

___ NON-STRENUOUS (Lectures/Seminars/Consultative Meetings etc.)

___ STRENUOUS (Physically-involving Workshops/Trainings/Scouting Activities/Athletic Meets)

III. PARTICIPANTS & FACILITATORS

a. Who will be the participants of the activity? _____

Number of participants _____

b. Who will facilitate the activity? _____

Number of facilitators _____

IV. SPECIAL CONSIDERATIONS

a. Will there be **pregnant women** among the participants/facilitators?

___ YES ___ NO

___ If YES then how many?

b. Will there be **persons with disability (PWDs)** among the participants/facilitators?

___ YES ___ NO

___ If YES then how many?

c. Will there be **senior citizens** among the participants/facilitators?

___ YES ___ NO

___ If YES then how many?

d. Will there be **individuals with high health risk** among the participants/facilitators?

e.g. patients with pacemaker, dialysis patients with AV fistula/shunts

_____ YES _____ NO

_____ If YES then how many?

REQUESTING PARTY: _____

Signature over printed name

OFFICIAL DESIGNATION: _____

CONTACT NO: _____

EMAIL ADDRESS: _____

DATE OF REQUEST: _____

NOTE: The requesting party must submit **two (2) accomplished copies** of this request form to the School Health and Nutrition Section Clinic at the Division Office **not later than two (2) weeks before the date of activity**. The School Health and Nutrition Section will then send a reply via the provided contact number and/or email address within one (1) work week from receipt of this request.

RETURN SLIP (to be filled up by receiving School Health and Nutrition Personnel)

RECEIVING PERSONNEL: _____

Signature over printed name

OFFICIAL DESIGNATION: _____

DATE RECEIVED: _____