



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

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**Office of the Schools Division  
Superintendent**

October 9, 2020

Division Memorandum  
No. 551, series of 2020

To: All Teaching and Non-teaching Personnel

Subject: **ANNUAL MEDICAL EXAMINATION for SY 2020-2021**

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1. In compliance of DO No. 014, s. 2020 that all personnel shall undergo an annual physical examination, in accordance with the provisions of RA 11223 or the Universal Health Care Act and its Implementing Rules and Regulations. The conduct of the physical examination shall be in accordance with the precautionary and protective measures in light of the COVID-19 health emergency (Enclosure No.3 of DO No. 014, s. 2020, under Administrative Support of Support Mechanisms, page 31).
2. The Division of Bohol has issued DM No. 110, s. 2020 and DM No. 247, s. 2020 entitled **Annual Medical Examination**. Herein attached is DM No. 247, s. 2020 which shall serve as the "**Laboratory Request**."
3. Also attached is DM No. 263, s. 2020, **Guidelines In The Conduct Of Annual Medical Examination During The COVID-19 Pandemic**.
4. Wide dissemination and compliance of this memorandum is desired.

  
**Bianito A. Dagatan, EdD, CESO V**  
Schools Division Superintendent



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

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Office of the Schools Division Superintendent

July 3, 2020

**DIVISION MEMORANDUM**  
No. 247 s. 2020

**ANNUAL MEDICAL EXAMINATION**

1. This reiterates Division Memorandum No. 110, Series of 2020 Annual Medical Examination.
2. In compliance with the Civil Service Commission Memorandum Circular No. 17, s. 1989 and DepEd Memorandum No. 22, s. 2015 stating that all DepEd teaching and non-teaching personnel shall undergo annual physical examination.
3. In line with this, the following laboratory and radiologic examinations are being recommended by the Medical Officer:
  - a. **Complete Blood Count, Urinalysis, Chest X-ray PA**
  - b. Optional additional diagnostic work-up for 30 years old and above: **Cardiac Panel, ECG 12 Leads**
  - c. **Pregnant personnel should not have Chest X-ray PA.**
4. This memorandum may serve as **Laboratory Request**.
5. The Medical Officer may request appropriate additional tests if clinically warranted.
6. The laboratory and radiologic examinations should be conducted by a duly registered diagnostic laboratory or hospital.
7. Widest dissemination of this Memorandum is desired.

  
**BLANITO A. DAGATAN, EdD, CESO V**  
Schools Division Superintendent



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Behold...  
**BOHOL**



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

Office of the Schools Division  
Superintendent

July 8, 2020

Division Memorandum  
No. 263 series of 2020

**GUIDELINES IN THE CONDUCT OF ANNUAL MEDICAL EXAMINATION  
DURING THE COVID-19 PANDEMIC**

To: *Public Schools District Supervisors / Acting Public Schools District Supervisors  
School Administrators / School in Charge  
Teaching and Non-teaching Personnel  
All Others Concerned*

- I. Pursuant to DepEd Memorandum No. 22, s. 2015 entitled **Annual Physical Examination of DepEd Employees (Teaching and Non-Teaching Personnel) in compliance with the Civil Service Commission Memorandum Circular No. 17, s. 1989**, the Division of Bohol has issued **Division Memorandum No. 110, S. 2020** and **Division Memorandum No. 247, S. 2020** entitled **Annual Medical Examination**.
- II. The routine **annual physical examination** shall ensure the appraisal of the health status of an individual, which is very relevant in our present pandemic situation. However, **dental examination** shall be postponed until further notice.
- III. In view of the COVID-19 pandemic, **DepEd Order No. 14, S. 2020** entitled **Guidelines on the Required Health Standards in Basic Education Offices and Schools** provides minimum public health standards in order to prevent transmission of COVID-19 (*Enclosure No. 1*).
- IV. Additionally, DepEd Order No. 14, S. 2020 also provides that the conduct of annual physical examination of all DepEd teaching and non-teaching personnel of DepEd schools and offices, shall be in accordance with precautionary and protective measures in light of the COVID-19 health emergency (*Enclosure No. 2 and Enclosure 3*).





V. Thus, the following measures should be carefully observed by teaching and non-teaching personnel when submitting to laboratory workup:

**A. If one intends to go to a healthcare facility / laboratory / hospital:**

1. Choose a facility which is most accessible in the locality and is NOT a COVID-19 facility, and take note of the following:
  - a. Be reminded that Gov. Celestino M. Gallares Memorial Medical Center in Tagbilaran City and Don Emilio Del Valle Memorial Hospital in Ubay, are only accepting CoVID-19 patients and related cases;
  - b. and that Rural Health Units, the City Health Office, and private hospitals shall refer to these COVID-19 dedicated facilities for admissions of probable and suspected cases with moderate and severe acute respiratory illness;
  - c. and that hospitals who are not admitting COVID-19 patients have a dedicated Triage area located at a safe distance where patients with respiratory illnesses and respiratory symptoms will be seen and assessed.
2. Bring a copy of **Division Memorandum No. 247, S. 2020** as it will serve as the ***Laboratory Request Form***.
3. Make sure to wear a face mask properly and at all times in public places, and carry a hand disinfectant.
4. Observe physical distancing and be mindful of the markings provided in public places where standing and sitting is permitted.
5. Submit cooperatively to the necessary steps at facility entrances such as foot baths, applying of hand disinfectants, and body temperature taking.
6. Go directly to the designated area for laboratory work-up and avoid loitering.
7. If possible, inquire from the facility if they can arrange to send the laboratory result / test result via email or provide a notification through call or text message.
8. Perform hand washing and/or hand disinfection after leaving the area.
9. When arriving at home, make sure to wash hands, disinfect one's self, and change clothing before interacting with anyone else in the household.



**B. If one opts for a mobile laboratory:**

1. The Public Schools District Supervisor / School Head / School-in-charge shall coordinate with a mobile laboratory.
  2. Administrators shall arrange that the conduct of examinations of personnel be done by batches in order to avoid mass gathering.
  3. Make sure to wear a face mask properly and at all times in public places, and carry a hand disinfectant.
  4. Observe physical distancing and be mindful of the markings provided in public places where standing and sitting is permitted.
  5. Submit cooperatively to necessary steps such as foot baths, applying of hand disinfectant, and body temperature taking.
  6. Wait for one's turn and avoid loitering.
  7. Inquire from the mobile laboratory staff if they can arrange to send the laboratory result / test result via email or provide a notification through call or text message.
  8. Wash or disinfect your hands after the procedures have been done.
  9. When arriving at home, make sure to wash hands, disinfect one's self, and change clothing before interacting with anyone else in the household.
- VI. If it is physically not feasible to have the medical examination due to geographical difficulties or other hindering circumstances, one may postpone the annual physical examination until the situation becomes more favorable.
- VII. Attached is the annual physical examination form for your reference and can be accessed through this link <https://tinyurl.com/HealthCardTemplate1>
- VIII. For widest dissemination and compliance.

  
**BRIANITO A. DAGATAN, Ed.D, CESO V**  
Schools Division Superintendent 



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**HEALTH EXAMINATION RECORD**

Name: \_\_\_\_\_ Division: **BOHOL** Department: **EDUCATION**  
 Date of Birth: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

1	Date:		
	Height:		
	Weight:		
2	Temperature:		
3	Respiratory System:		
	Fluorography:		
	X-Ray:		
	Sputum Analysis:		
4	Circulatory System:		
	Blood Pressure:		
	Pulse:	Sitting:	Agility Test:
	Cardiac Panel:		
	CBC:		
	ECG:		
5	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes:	Conjunctivitis, etc.	
		Color Perception:	
11	Vision:		
	With Eye Glasses:	Far:	Near:
	Without Eye Glasses:	Far:	Near:
12	Nose:		
13	Ear:		
14	Hearing:	Right:	Left:
15	Throat:		
16	Teeth and Gums:		
17	Immunization:		
18	Remarks:		
19	Recommendation:		
20	Employee's Signature:		
	Employee's Name (Print)		
21	Physician's Signature:		
	Physician's Name (Print)		



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



# Teaching and Non- Teaching Personnel Health Card

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**Name**



**HEALTH EXAMINATION RECORD**

Name: \_\_\_\_\_ Division: **BOHOL** Department: **EDUCATION**  
 Date of Birth: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

1	Date:		
	Height:		
	Weight:		
2	Temperature:		
3	Respiratory System:		
	Fluorography:		
	X-Ray:		
4	Sputum Analysis:		
	Circulatory System:		
	Blood Pressure:		
	Pulse:	Sitting:	Agility Test:
	Cardiac Panel:		
	CBC:		
	ECG:		
5	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes:	Conjunctivitis, etc.	
		Color Perception:	
11	Vision:		
	With Eye Glasses:	Far:	Near:
	Without Eye Glasses:	Far:	Near:
12	Nose:		
13	Ear:		
14	Hearing:	Right:	Left:
15	Throat:		
16	Teeth and Gums:		
17	Immunization:		
18	Remarks:		
19	Recommendation:		
20	Employee's Signature:		
	Employee's Name (Print)		
21	Physician's Signature:		
	Physician's Name (Print)		

For Male Personnel: Digital Rectal Examination done

Y N

Date Examined: \_\_\_\_\_  
 Result: \_\_\_\_\_

**Present Health Status (pls. specify)**

	Y	N		Y	N
Cough 2 weeks 1 month longer	[ ]	[ ]	Lumps	[ ]	[ ]
Dizziness	[ ]	[ ]	Painful Urination	[ ]	[ ]
Dyspnea	[ ]	[ ]	Poor/Loss of Hearing	[ ]	[ ]
Chest/Back Pain	[ ]	[ ]	Syncope/Fainting	[ ]	[ ]
Easy Fatigability	[ ]	[ ]	Convulsions	[ ]	[ ]
Joint/Extremity Pains	[ ]	[ ]	Malaria	[ ]	[ ]
Blurring of Visions	[ ]	[ ]	Goiter	[ ]	[ ]
Wearing Eyeglasses	[ ]	[ ]	Anemia	[ ]	[ ]
Vaginal Discharge/Bleeding	[ ]	[ ]	Others: (pls. specify) _____		
Dental Status: (pls. specify) _____					
Present Medications Taken: (pls. specify) _____					

**Legend:** CXR - Chest X-Ray PTB - Pulmonary Tuberculosis  
 ECG - Electro-Cardiogram F - Full Term  
 Y - Yes P - Pre-Mature  
 N - No A - Abortion  
 HFN - Hypertension L - Live Birth  
 CVD - Cardio Vascular Disease  
 DM - Diabetes Mellitus

Interviewed by:

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### TEACHING AND NON-TEACHING PERSONNEL HEALTH CARD

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 School/District/Division: \_\_\_\_\_ Civil Status: S M W S  
 Position/Designation: \_\_\_\_\_ Years in Service: \_\_\_\_\_  
 First Year in Service: \_\_\_\_\_

**Family History: (pls. check)**

	<b>Y</b>	<b>N</b>	<b>Specify Relationship</b>
Hypertension	[ ]	[ ]	_____
Cardiovascular Disease	[ ]	[ ]	_____
Diabetes Mellitus	[ ]	[ ]	_____
Kidney Disease	[ ]	[ ]	_____
Cancer	[ ]	[ ]	_____
Asthma	[ ]	[ ]	_____
Allergy	[ ]	[ ]	_____

Other Remarks \_\_\_\_\_

**Past Medical History: (pls. check)**

	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
Hypertension	[ ]	[ ]	Tuberculosis	[ ]	[ ]
Asthma	[ ]	[ ]	Surgical Operations (pls. specify)	[ ]	[ ]
Diabetes Mellitus	[ ]	[ ]	Yellowish discoloration of skin/sclera	[ ]	[ ]
Cardiovascular Disease	[ ]	[ ]	Last Hospitalization (reason)	[ ]	[ ]
Allergy (pls. specify) _____			Others (pls. specify) _____		

<b>Last Taken</b>	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
CXR/Sputum Result: _____	_____	_____	_____	_____
ECG	_____	_____	_____	_____
Urinalysis: _____	_____	_____	_____	_____

**Social History**

Smoking: Y \_\_\_ N \_\_\_ Age Started: \_\_\_\_\_ Sticks/Packs per day: \_\_\_ Pack Per Year: \_\_\_\_\_  
 Alcohol: Y \_\_\_ N \_\_\_ How often: \_\_\_\_\_ Food Preference: \_\_\_\_\_

**OB Gyn History: (pls. encircle) Female Teachers**

Menarche \_\_\_\_\_ Cycle \_\_\_\_\_ Duration \_\_\_\_\_  
 Parity: \_\_\_\_\_ F \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_  
 Pap Smear done: Y \_\_\_\_\_ N \_\_\_\_\_ if YES, when: \_\_\_\_\_  
 Self-Breast Examination done: Y \_\_\_\_\_ N \_\_\_\_\_  
 Mass noted: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ Specify where: \_\_\_\_\_

CS FORM 88

### HEALTH EXAMINATION RECORD

Name: \_\_\_\_\_ Division: **BOHOL** Department: **EDUCATION**  
 Date of Birth: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

1	Date:		
	Height:		
	Weight:		
2	Temperature:		
	3	Respiratory System:	
		Fluorography:	
		X-Ray:	
4	Sputum Analysis:		
	Circulatory System:		
	Blood Pressure:		
	Pulse:	Sitting:	Agility Test:
	Cardiac Panel:		
	CBC:		
5	ECG:		
	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes:	Conjunctivitis, etc.	
		Color Perception:	
11	Vision:		
	With Eye Glasses:	far: _____ Near: _____	
	Without Eye Glasses:	far: _____ Near: _____	
12	Nose:		
13	Ear:		
14	Hearing:	right: _____ Left: _____	
15	Throat:		
16	Teeth and Gums:		
17	Immunization:		
18	Remarks:		
19	Recommendation:		
20	Employee's Signature:		
	Employee's Name (Print)		
21	Physician's Signature:		
	Physician's Name (Print)		



Republic of the Philippines  
Department of Education  
HEALTH AND NUTRITION CENTER  
Pasig City

ORAL HEALTH EXAMINATION RECORD FOR TEACHING AND NON-TEACHING PERSONNEL

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Region: \_\_\_\_\_ Division: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_  
Designation: \_\_\_\_\_

Medical History:

Hypertension  Epilepsy  Allergies  
 Diabetes  Bleeding Disorder  Others: \_\_\_\_\_  
 Cardio Vascular Disease  As thna \_\_\_\_\_  
Please Specify \_\_\_\_\_

DENTITION STATUS

INDEX: DMFT

Status	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	X-
	No. of 1/Decayed																		F-
Status	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	F-
	No. of 1/Missing																		
	No. of 1/Filled																		
	Total																		

TREATMENT RECORD

DATE	TOOTH NO.	NATURE OF OPERATION	REMARKS	DENTIST

Periodontal Condition:  Normal  Gingivitis  Periodontal Disease  
Other Abnormal Conditions: \_\_\_\_\_  
Please Specify \_\_\_\_\_

DENTAL PROSTHESES  
Denture Wearer:  Y  N  
Please Specify: \_\_\_\_\_  
Need for Denture:  Y  N  
Please Specify: \_\_\_\_\_  
Remarks: \_\_\_\_\_

**SYMBOLS FOR MOUTH EXAMINATION**  
X- Carious Tooth indicated for Extraction  
F- Carious Tooth indicated for Filling  
RF- Root Fragment  
B- Missing Tooth

**Artificial Restorations:**  
JC- Jacket Crown  
AB- Abutment  
P- Pontic  
I- Inlay  
RPD- Removable Partial Denture  
FB- Fixed Bridge  
CD- Complete Denture

**SYMBOLS FOR ACCOMPLISHMENT**  
DP- Oral Prophylaxis  
X1- Buccal Permanent Tooth  
A-F- Amalgam Filling  
SC- Glass Ionomer Cement  
ZG-F- Zinc Oxide Filling  
R- Referred to private dentist  
S-F- Synthetic Purification

CS FORM 86

HEALTH EXAMINATION RECORD

Name: \_\_\_\_\_ Division: **BOHOL** Department: **EDUCATION**  
Date of Birth: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

1	Date:	
	Height:	
	Weight:	
2	Temperature:	
3	Respiratory System:	
	Fluorography:	
	X-Ray:	
	Sputum Analysis:	
4	Circulatory System:	
	Blood Pressure:	
	Pulse:	Sitting: _____ Agility Test: _____
	Cardiac Panel:	
	CBC:	
	ECG:	
5	Digestive System:	
6	Genito-Urinary:	
	Urinalysis, etc.	
7	Skin:	
8	Locomotor System:	
9	Nervous System:	
10	Eyes:	Conjunctivitis, etc. Color Perception:
11	Vision:	
	With Eye Glasses:	Far: _____ Near: _____
	Without Eye Glasses:	Far: _____ Near: _____
12	Nose:	
13	Ear:	
14	Hearing:	Right: _____ Left: _____
15	Throat:	
16	Teeth and Gums:	
17	Immunization:	
18	Remarks:	
19	Recommendation:	
20	Employee's Signature:	
	Employee's Name (Print)	
21	Physician's Signature:	
	Physician's Name (Print)	