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

**Office of the Schools Division Superintendent**

February 9, 2021

**Division Memorandum**
**No. 076 series of 2021**

For: Functional Divisions/Sections of the Schools Division Office
Public Schools District Supervisors/Acting Public Schools District Supervisors
Health and Nutrition Personnel
All Others Concerned

Subject: **UPDATED GUIDELINES FOR THE REQUESTING OF MEDICS FOR APPROVED LIMITED FACE-TO-FACE ACTIVITIES**

I. In light of the recent rise of locally-transmitted cases of COVID-19 in several towns of the Province, this office issues these updated guidelines on the requesting of medics for Approved Limited Face-to-Face activities.

II. Due to the load of Requests for Medics being accommodated, Requests for Medics for approved Limited Face-to-Face Activities shall only be approved at the **Division Level**.

III. Approval of Requests for Medics for Limited Face-to-Face Activities shall follow the following prescribed procedure.

Submission of the following **requisite documents** to the School Health and Nutrition Section (c/o the nurse on duty):

a. 1 copy of the letter request approved by the Schools Division Superintendent
b. 1 copy of the letter request approved by the Bohol Inter-Agency Task Force (BIATF) (*as long as Provincial Memorandum No. 336, s. 2020 stands*)
c. 1 copy of the properly-accomplished Request Form for Medics
d. 1 copy of the reference Memorandum/Issuance for the activity (*if applicable*)

IV. Requests for Medics shall be given a reply issued by the School Health and Nutrition Section to the requesting party **within two (2) working days from the date of receipt**.

V. It is also understood that organizers/requesting parties observe due diligence in planning their activities, and therefore submit their request for medics **at least one (1) calendar week prior** to the inclusive dates, so as to be better accommodated.

VI. Furthermore, the following **requisite conditions** are reiterated:

a. Assurance of the correct wearing of face masks during the entirety of the activity

b. Occupation of only up to 50% of the venue capacity to avoid crowding

c. Presence of hand hygiene facilities

d. Presence of thermal screening procedures

e. Accomplishing of Contact Tracing/Health Symptoms Questionnaires by the participants

f. Pre-plating or packing of meals

VII. Refer to attachment for the updated **Request Form for Medics** which may also be downloaded as a template at **http://bit.ly/Request_for_Medics**

VIII. For your information, dissemination, and compliance.

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Schools Division Superintendent

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# Department of Education
## DIVISION OF BOHOL

### UPDATED REQUEST FORM FOR MEDICS

| | |
|---|---|
| **I. ACTIVITY PROFILE** | |
| Title of Activity | |
| Venue | |
| Inclusive Dates | |
| Organized by | |
| **II. REQUISITE DOCUMENTS** | |
| a. Reference Issuance (Memorandum No. and title) | |
| b. Date of Bohol Inter-Agency Task Force (BIATF) Approval | |
| **III. ACTIVITY SPECIFICS** | |
| a. Nature (strenuous or non-strenuous) | |
| b. No. of Conference Rooms to be used | |
| c. No. of Participants per Conference Room | |
| d. No. of Walk-in Participants | |
| e. No. of Stay-in Participants | |
| No. of rooms for stay-in | |
| f. Total No. of Facilitators | |
| g. Total No. of Teaching Participants | |
| h. Total No. of Non-Teaching Participants | |
| i. No. of Other Participants (specify) | |
| j. Susceptible Individuals | |
| No. of Pregnant Participants | |
| No. of Senior Citizens | |
| No. of Persons with Disability | |
| h. Places/Districts of Origin of participants | |
| Requested by (Complete Name and Designation) | |
| Date requested | |
| *to be filled-up by the School Health and Nutrition Section below this point* | |
| Received by | |
| Approval/Refusal Remarks | |



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