Republic of the Philippines

Department of Education

REGION VII – CENTRAL VISAYAS

Schools Division Office of Bohol

Office of the Schools Division Superintendent

April 13, 2026

DIVISION MEMORANDUM
No. 232, s. 2026

REITERATION OF DM 855 Series 2025 , THE CONDUCT OF ANNUAL MEDICAL EXAMINATION AS UTILIZATION OF THE MEDICAL ALLOWANCE

To: Public Schools District Supervisors/Acting Public Schools District Supervisors
School Heads
Non-teaching Personnel
All other concerned

1. This office issues this memorandum to ensure the health, safety, and well-being of its Teaching and Non-Teaching Personnel. In line with the CSC Memorandum Circular no. 17, s. 1989 and DepEd Memorandum no. 22, s. 2015 stipulating that all DepEd Employees (Teaching and Non-teaching Personnel) shall undergo Annual Medical Examination to ensure the optimum well-being of all DepEd personnel.

2. All laboratory results shall be attached to the CS form 86 duly signed by a Physician and shall be submitted in the District Office. The District School Nurse shall check and consolidate the results.

3. The deadline for the submission shall be on the 2nd day of June 2026.

FAY C. LUAREZ, EdD, PhD, TM, CESO VI
Schools Division Superintendent

DepED MATATAG
BAGONG PILIPINAS
Deped Tayo Bohol Division
Address: 0050 Lino Chatto Barangay Cogon, Tagbilaran City, Bohol
Telephone No.: (038) 411-2544
email Address: deped.bohol@deped.gov.ph
www.depedbohol.org

Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Bohol

Office of the Schools
Division Superintendent

December 12, 2025

DIVISION MEMORANDUM
No. 855, s. 2025

CONDUCT OF ANNUAL MEDICAL EXAMINATION AS UTILIZATION OF MEDICAL ALLOWANCE

To: Assistant Schools Division Superintendent
CID Chief
SGOD Chief
Public Schools District Supervisors/Acting-PSDS/OIC-PSDS
School Administrators
All Teaching and Non-Teaching Personnel
All Others Concerned

1. This office shall strictly adhere with the CSC Memorandum Circular no. 17, s. 1989 and DepEd Memorandum no. 22, s. 2015 stipulating that all DepEd Employees (Teaching and Non-teaching Personnel) shall undergo **Annual Medical Examination** to ensure the optimum well-being of all DepEd personnel.
2. Compliance to the CSC mandate is also be a substantial measure in the utilization of the released **Medical Allowance.**
3. Attached herewith is the **Laboratory Request Form** for the routine diagnostic tests:
   Complete Blood Count
   Urinalysis
   Chest X-ray
4. Also included are the additional diagnostic tests which are recommended for those who are 40 years and above and/or those who have pre-existing medical condition:
   Lipid Profile, Fasting Blood Sugar or HbA1c, BUA, Creatinine, SGPT, SGOT
   ECG-12 Leads
   PAP Smear (for females)
5. ***All SDO Personnel*** are hereby directed to undergo the laboratory examination and submit the results for medical consultation to the SDO Health Section Office on January 2026 in accordance to the schedule attached hereunder.
6. In observance of the "no disruption of classes and school operations" directive, ***Teaching and Non Teaching Personnel*** in the districts and schools are advised to have their annual medical examination during their vacant period or during the Summer Break.
7. For widest dissemination and strict compliance.

FAY C. LUAREZ, EdD, PhD, TM, CESO VI
Schools Division Superintendent

SGOD/SHS/madl

Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Bohol

LABORATORY REQUEST

Name of DepEd Personnel: _____
Address: _____ Mobile phone: _____ Email add: _____
Age: _____ Birthday: _____ Gender: _____ Civil Status: _____

____ The following routine diagnostic tests are mandatory:

Complete Blood Count
Urinalysis
Chest X-ray

____ The following tests are highly recommended for those who are 40 years and above or below 40 years old who have pre-existing medical condition:

Lipid Panel
Uric Acid
SGPT
ECG-12 Leads
FBS or HbA1c
Creatinine

____ Optional for females:

PAP Smear

Maria Aurora D. Luma-ad, MD, MA
Medical Officer III
SDO Bohol

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)		

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

Teaching and Non-Teaching Personnel Health Card

_____

Name

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)*

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

Other Remarks _____

_____

Past Medical History: (*pls. check)*

	Y	N		Y	N
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) _____		

Last Taken	Date	Result		Date	Result
CXR/Sputum Result:	_____	_____	Drug Testing:	_____	_____
ECG	_____	_____	Neuropsychiatric Exam:	_____	_____
Urinalysis:	_____	_____	Blood Typing:	_____	_____

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 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)		

CS FORM 86

HEALTH EXAMINATION RECORD

Name: _____ Division: **BOHOL** Department: **EDUCATION**

Date of Birth: _____ Type of Work: _____ Sex: ____ Civil Status: ____

1	Date:		
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	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 I 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-Cardio Gram	F	- Full Term
Y	- Yes	P	- Pre-Mature
N	- No	A	- Abortion
HPN	- Hypertension	L	- Live Birth
CVD	- Cardio Vascular Disease		
DM	- Diabetes Mellitus		

Interviewed by:

Name: _____

Position: _____

Signature: _____

Date: _____

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 ☐ Asthma

_____
Please Specify

DENTITION STATUS

INDEX: DMFT

Status	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Status	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

No. of T/Decayed	X-	
	F-	
No. of T/Missing		
No. of T/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 Remarks: _____
Please Specify: _____
Need for Denture: ☐ Y ☐ N Remarks: _____
Please Specify: _____ Remarks: _____

SYMBOLS FOR MOUTH EXAMINATION

X- Carious Tooth Indicated for Extraction
F- Carious Tooth Indicated For Filling
RF- Root Fragment
0- Missing Tooth
P2- Permanently Filled Tooth with Recurrence of Decay
Heavy Shade- Permanent Filling
Outline of Filling- Tooth with temporary filling

Artificial Restoration:

JC- Jacket Crown
AB- Abutment
P- Pointic
I- Inlay
RPD- Removable Partial Denture
FB- Fixed Bridge
CD- Complete Denture

SYMBOLS FOR ACCOMPLISHMENT

OP- Oral Prophylaxis
Xt- Extracted Permanent Tooth
Ag F- Amalgam Filling
GIC- Glass Ionomer Cement
ZnO F- Zinc Oxide Filling
R- Referred to private dentist
Sy F- Synthetic Porcelain

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