



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OFFICE-CAPIZ

July 17, 2024

DIVISION MEMORANDUM

NO. 403, s. 2024

ANNUAL PHYSICAL EXAMINATION FOR SY 2024-2025

To: OIC, Office of the Assistant Schools Division Superintendent
Chief Education Supervisors
Curriculum Implementation Division
School Governance and Operations Division
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
All others concerned

1. In Compliance with the Civil Service Commission Memorandum Circular No. 17 s. 1989 and DepEd Memorandum No. 22 s. 2015 titled “Annual Physical Examination of DepEd Employees (Teaching and Non-Teaching Personnel)” in accordance with the provision of RA 11223 or the Universal Health Act and its implementing rules and regulations, **all teaching and non-teaching personnel are required to undergo an Annual Physical Examination.**
2. Anent this the School Health and Nutrition Unit of the School Governance and Operation Division will conduct an Annual Physical Examination to all Teaching and Non-Teaching Personnel starting July 29-August 15, 2024. It aims ensures that all employees are healthy, considering that their physical well-being has a significant impact on the delivery of basic education services to our learners.
3. Chest X-ray and laboratory examinations shall only be done as recommended by the physician.
4. For personnel with existing comorbid conditions (e.g hypertension, diabetes mellitus, chronic kidney diseases, cardiovascular disease etc.) additional laboratory request may be required by the Medical Officer as deemed necessary.
5. Further all school personnel shall enroll to Philhealth Konsulta Package and make necessary arrangement with the nearest Konsulta Package Providers in their respective place of work or residence, to avail of free health services
6. Oral examination shall also be conducted by the dentist of the Division School Health Unit. Form 4-A shall be signed by the examining dentist prior to the signature of the Division Medical Officer.
7. Attached is the Division School Health Form 4-A for your reference.
8. Immediate dissemination and compliance with this Memorandum are desired.


MIGUEL MAC D. APOSIN, EdD, CESO V
Schools Division Superintendent

Reference: CSC Memo. No. 17 s. 1989
Deped Memo No. 22 s. 2015
To be indicated in the Perpetual Index
Under the following subjects
ANNUAL PHYSICAL EXAMINATION
PERSONNEL

Name: _____ Age: _____ Civil Status: _____

Last Name

First Name

Middle Name

Suffix

FOLLOW – UP CONSULTATION

O:
WT: _____ kg HT _____ cm

RR: _____
Temp: _____ Rechecked: _____

Heart/Pulse Rate: _____
Regular rhythm: ☐ Yes ☐ No
Normal rate: ☐ Yes ☐ No

BP: _____ / _____ (Rechecked): _____ / _____
BMI: _____ BMI Category: _____

Risk prediction: _____
Waist circumference _____ cm

Central adiposity: ☐ Yes ☐ No
Obesity: ☐ Yes ☐ No

Assessed by: _____
Date: _____ Time: _____

S:

A:

P:

Joy Arnold Talabucon- Lejos, MD
Medical Officer III
Lic. No. 0099321

Name: _____ Age: _____ Civil Status: _____

Last Name

First Name

Middle Name

Suffix

FOLLOW – UP CONSULTATION

O:
WT: _____ kg HT _____ cm

RR: _____
Temp: _____ Rechecked: _____

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Regular rhythm: ☐ Yes ☐ No
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Date: _____ Time: _____

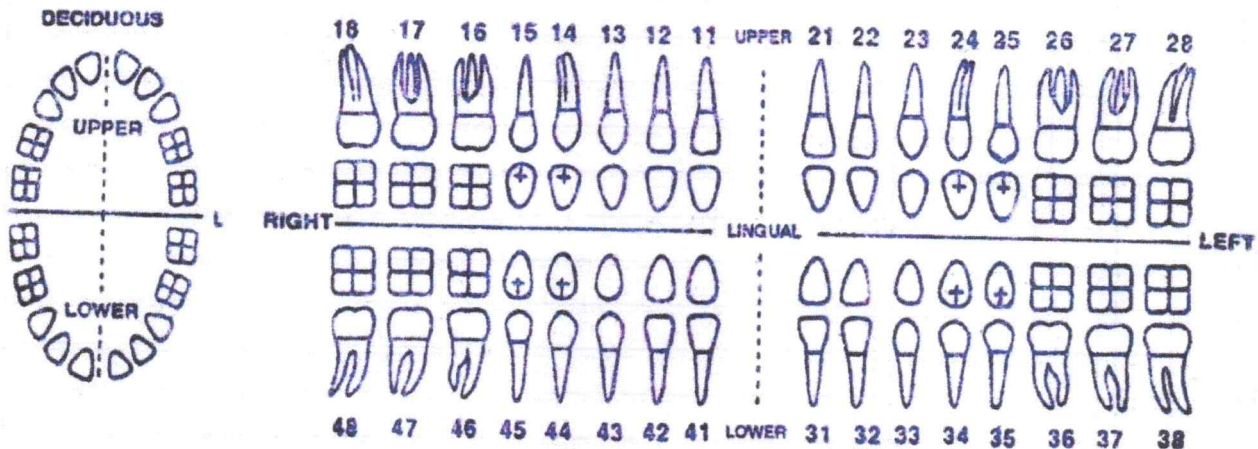
S:

A:

P:

Joy Arnold Talabucon- Lejos, MD
Medical Officer III
Lic. No. 0099321

NAME _____ ADDRESS _____
 PHONE _____ B-DAY _____ AGE _____ REFERRED BY _____
 PHYSICIAN _____ ADDRESS _____ PHONE _____



PRESENT ORAL COMPLAINT _____

MEDICAL HISTORY: _____

GENERAL HEALTH _____

HEADACHES _____ SINUS TROUBLE _____

ALLERGIES _____ FREQ. COLDS _____

BLEEDING OF GUMS _____ DIABETES _____

HEART - B.P. _____ SELF-MEDICATION _____

FAMILY HISTORY _____

CLINICAL EXAMINATION _____

FACE AND LIPS _____ CHEEKS _____

TONGUE _____ PALATE _____ OROPHARYNX _____

GINGIVAE: SPONGY _____ RETRACTED _____ BLEEDING _____

MISSING TEETH _____ MALOCCLUSION _____

PREVIOUS DENTAL CARE _____

REMARKS: _____

[illegible]