Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

April 30, 2025

DIVISION MEMORANDUM
No. 0013, s. 2025

CONDUCT OF MANDATORY LEARNERS' HEALTH ASSESSMENT

To: Janette G. Veloso, EdD, CESO VI - Assistant Schools Division Superintendent
Eduard C. Amoguis, EdD – Chief, Curriculum Implementation Division
Public Schools District Supervisors
School Heads
Teaching Personnel
Non - Teaching Personnel

1. Pursuant to DepEd Order No. 12, s. 2025, particularly under Section E. 13.d, it is mandated that:

> "***ALL*** learners **SHALL** undergo a mandatory health assessment during the conduct of Brigada Eskwela and up to three weeks after the opening of classes. This assessment shall be conducted by the designated health personnel of the school, in coordination with class advisers."

The **MANDATORY** health assessments include:
>General Physical Examination (inclusive of all systems)
>Vision and Hearing Screening
>Oral Health Examination
>Immunization Status Review
>Review of Medical and Family History

2. Moreover, under the same Department Order (**Section F.19**), schools are required to provide **health and nutrition services throughout the school year**, in collaboration with local health partners. These services include medical, dental, immunization, nutritional, and mental health services.

3. Additionally, for learners who missed assessments during the initial three-week period, **catch-up activities may be conducted during OK sa DepEd Health Week in July**.

4. Through a Time and Motion Study, to efficiently plan the conduct of Mandatory Health Assessment. The following were the result from various sources:

Activity	Sub-Activities	Estimated Time per Student	Notes	References
A. General Physical	-Vitals: BP, HR, RR, Temp -Skin	10-15 minutes	Standard pediatric and	CDC School Health Guidelines(CDC, 2022); AAP Bright

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Examination (All Systems)	- HEENT - Chest and Lung exam - Heart exam - Abdomen - Extremities and Joints - Neurological exam (basic) - Growth parameters: Height, Weight, BMI		school health exam	Futures Schedule (2022)
B. Vision and Hearing Screening	- Visual Acuity test (Snellen chart) - Color vision (optional) - Hearing screening (whispered voice or audiometry)	5–7 minutes	Vision takes 3–5 mins; hearing adds 2–3 mins	CDC Vision Screening Guidelines; WHO School Health Services Manual
C. Oral Health Examination	- Teeth and gum inspection - Check for caries, gum disease	3–5 minutes	Basic visual screening; no dental procedures	WHO School Health Manual; DOH Philippines School Health Guidelines
D. Immunization Status Review	- Review vaccination records - Identify missing vaccines - Plan catch-up	3–5 minutes	Quick review of vaccination card or school records	CDC Immunization Schedule; WHO Immunization Guidelines
E. Medical and Family History Review	- Review past illnesses, surgeries - Chronic conditions - Family history - Allergies, medications	5–7 minutes	Can be combined with exam interview for efficiency	AAP Bright Futures; WHO School Health Manual

Total Estimated Time per Student: 26–39 minutes

- **Nurses' Responsibility:** General Physical Exam, Vision/Hearing Screening, Immunization Review, Medical/Family History
- **Dentist and Dental Aide Responsibility:** Oral Health Exam

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5. The following are the **Manpower and Capacity Analysis:**

   - 16 nurses assigned; however, 3 nurses are detailed to the School-Based Feeding Program (SBFP), leaving **13 available nurses**.
   - 1 dentist and 1 dental aide available.

   Daily Capacity per Nurse:

   - Fast pace (23 min/student): 18 students/day
   - Slow pace (34 min/student): 12 students/day

   Total Students Served per Day (13 nurses):

   - Fast pace: ~234 students/day
   - Slow pace: ~156 students/day

   Total Students Served in 15 Days:

   - Fast pace: ~3,510 students
   - Slow pace: ~2,340 students

6. Given the manpower constraints and time limitations, **priority will be given to schools located in GIDA (Geographically Isolated and Disadvantaged Areas)**.

   - For GIDA Schools:
     - Full health assessments will be provided onsite by the School Health and Nutrition Team.
   - For non-GIDA Schools and other schools unable to be visited by the section:
     - Learners must undergo health assessments using the Health Assessment Form attached in this memorandum to be conducted by their class adviser at the start of the school year.

7. Schools are directed to **ensure that all learners submit completed health assessment forms** as a compliance requirement.

8. The following are the Roles and Responsibilities:

   1. **School Heads**
      - Coordinate scheduling and venue preparation for assessments.
      - Facilitate communication with parents regarding the health assessment requirement.
   2. **Class Advisers**
      - Assist in the collection and submission of health assessment forms.
      - Support health personnel during health assessment activities.
      - Conduct Health Assessment Form screening, HEEADSSS (10 years old and above), and PHQ9 (10 years old and above).
   3. **School Health Personnel**

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- Conduct efficient and complete health assessments as per the standard forms and guidelines for the selected schools.
- Document and report completed assessments to the School Health and Nutrition Section.

4. **Parents and Guardians**
   - Ensure learners undergo the required health assessments, particularly if external consultations are needed.
   - Assist in answering the Medical and Family History Review Form

9. A copy of the compiled scanned forms per section and per grade level shall be submitted by the **Administrative Officer** to the School Health and Nutrition Section to the google link below **on or before July 4, 2025**:

   https://drive.google.com/drive/folders/15mvRM3NoITpq6tN0z6ILSztXR0iFEt-?usp=share_link

   Format of the compiled scanned forms shall be:
   SCHOOL_DISTRICT_GRADE_SECTION_LAST NAME_GIVEN NAME
   (e.g. Dujali CES_Dujali_1_Rose_CAMID_ZAIDA)

10. Travelling and other incidental expenses incurred during the activity shall be charged against local funds, all subject to the usual accounting and auditing rules and regulations.

11. Everyone is enjoined to continually support and recognize the value of equality and diversity in adherence to the Equal Opportunity Principle (EOP).

12. For immediate dissemination and compliance.

REYNALDO B. MELLORIDA, CESO V
Schools Division Superintendent

DEPED DAVAO DEL NORTE
RECORDS SECTION
RELEASED
DATE 5-8-25
BY

Enclosed as Stated
SGOD/SHS/hsv
FN: CONDUCT OF MANDATORY LEARNERS' HEALTH ASSESSMENT

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HEALTH ASSESSMENT FORM

NAME	
BIRTHDAY	
ADDRESS	
AGE	
SEX	
GRADE	
SECTION	

Dear Parent/Guardian,

As part of our school's efforts to ensure the health and well-being of our students, we conduct routine **health assessments** throughout the year. This assessment includes a general physical examination, vision and hearing screening, oral health check, immunization review, and a brief survey of your child's medical history.
We request your consent for your child to participate in this health assessment. The results of the assessment will be kept confidential and used only to help monitor your child's health and ensure they are receiving the appropriate care when needed. Any concerns that arise from the assessment will be communicated to you directly.

Please read and sign below to provide your consent:

Consent to Participate in Health Assessment:

I, the undersigned, **[Parent/Guardian Name]** _____, the parent/guardian of **[Student Name]** _____, give my permission for my child to participate in the school's **health assessment**. I understand that this assessment may include the following:

- General physical check-up (height, weight, overall health)
- Vision and hearing screening
- Oral health check (teeth and gums)
- Review of immunization status
- A brief survey of my child's medical and family history

I understand that the results of this assessment will be kept confidential, and I will be notified if any follow-up is needed.
If my child requires immediate medical attention based on the assessment, I understand that the school will contact me or an emergency contact immediately.

Parent/Guardian Name: _____
Signature: _____
Date: _____

Emergency Contact Name: _____
Emergency Contact Phone Number: _____

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- **Has the student had their COVID-19 shot?**
  [ ] Yes
  [ ] No

5. Health History of the Student and Family

- **Does the student have any of these health problems? (Check all that apply)**
  - ☐ Breathing problems (like asthma or breathing trouble)
  - ☐ Diabetes (problems with sugar in the blood)
  - ☐ Allergies (like food, dust, or animals)
  - ☐ Heart problems
  - ☐ Seizures or fits
  - ☐ Hearing problems (like trouble hearing)
  - ☐ Eye problems (like blurry or painful vision)
  - ☐ Skin problems (like rashes or eczema)
  - ☐ Other: _____

- **Is the student currently taking any medicine?**
  [ ] Yes
  [ ] No

- **Has the student had any big health problems in the past (like surgery or being in the hospital)?**
  [ ] Yes
  [ ] No

- **Does the student have any known allergies?**
  [ ] Yes
  [ ] No

- **Does anyone in the student's family have any of these health problems? (Check all that apply)**
  - ☐ Heart disease (heart problems)
  - ☐ Diabetes (problems with sugar in the blood)
  - ☐ Cancer
  - ☐ Mental health problems (e.g., feeling very sad, anxious, etc.)
  - ☐ Genetic conditions (passed down in families, like sickle cells, etc.)
  - ☐ Other: _____

6. Follow-up and Extra Help

- **Does the student need to see a doctor for any health problems?**
  [ ] Yes
  [ ] No

- **Does the student need extra help for their health (e.g., physical therapy, counseling)?**
  [ ] Yes
  [ ] No

Adviser's Name: _____
Date: _____

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1. General Health Check

- **Does the student look:**
  - ☐ Too thin
  - ☐ Just right
  - ☐ Too heavy
  - ☐ Other (please say): _____
- **Does the student have trouble walking or moving around?**
  [ ] Yes
  [ ] No
- **Does the student seem to be in pain or uncomfortable (e.g., holding their stomach, walking slowly)?**
  [ ] Yes
  [ ] No
- **Does the student have any skin problems (like rashes, bumps, or cuts)?**
  [ ] Yes
  [ ] No

2. Eyes and Ears Check

- **Can the student see the board clearly from the back of the classroom?**
  [ ] Yes
  [ ] No
- **Does the student ever say their eyes hurt or feel tired?**
  [ ] Yes
  [ ] No
- **Can the student hear you clearly when you speak to them?**
  [ ] Yes
  [ ] No
- **Does the student ever say their ears feel blocked or ring?**
  [ ] Yes
  [ ] No

3. Teeth and Mouth Check

- **Does the student have any toothaches or problems with their teeth?**
  [ ] Yes
  [ ] No
- **Do the student's gums look healthy and pink?**
  [ ] Yes
  [ ] No
- **Does the student have any missing teeth or cavities (holes in their teeth)?**
  [ ] Yes
  [ ] No
- Are there any lumps, mass or any unusual growth in the mouth?
  [ ] Yes
  [ ] No
- **When did the student last visit the dentist?**
  - ☐ Less than 6 months ago
  - ☐ 6 months to 1 year ago
  - ☐ More than a year ago
  - ☐ Never

4. Vaccinations (Shots)

- **Is the student up to date with their vaccinations (shots)?**
  [ ] Yes
  [ ] No

  If not, which shot(s) are missing or need to be done?
- **Has the student had the following shots? (Check the ones they've had)**
  - ☐ Diphtheria, Tetanus, Whooping Cough (Penta)
  - ☐ Polio
  - ☐ Measles, Mumps, Rubella
  - ☐ Hepatitis B
  - ☐ Chickenpox
  - ☐ Flu shot
  - ☐ Other: _____

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Self-Administered Rapid HEEADSSS Form for 10-24 y/o

Control Number :		**Date:**
Ang checklist sinagutan sa eskwelahan:	**[Pangalang ng Paaralan]**	
Pangalan:		**Kasarian** ☐**Lalake** ☐**Babae**
Kapanganakan:		**Edad:**
Katayuan:	☐**Walang asawa** ☐**May asawa, kasal** ☐**Live-in, hindi kasal**	
Trabaho:	**Estudyante**	
Tirahan:		
Cellphone No.:	**Email No.:**	**Landline:**
Sagutin ng tapat ang mga sumusunod na katanungan. Ang sagot ay **CONFIDENTIAL**		
1.Ikaw ba ay nakaranas ng pananakit o pananakot sa inyong tahanan o bahay?		☐ **oo** ☐**hindi**
2.May mga pagkakataon ban a pinag isipan mong maglayas o umalis na ng inyong bahay?		☐ **oo** ☐**hindi**
3.Nakaranas ka ba ng bullying na pisikal o cyber bullying sa paaralan o trabaho?		☐ **oo** ☐**hindi**
4.May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?		☐ **oo** ☐**hindi**
5.Naninigarilyo ka ba?		☐ **oo** ☐**hindi**
6.Umiinom ka ba ng alak?		☐ **oo** ☐**hindi**
7.Nakakita ka na ba ng mga ipinagbabawal na gamut? O Drug?		☐ **oo** ☐**hindi**
8.Ikaw ba ay nakaranas ng magkaboyfriend/girlfriend?		☐ **oo** ☐**hindi**
9.Ikaw ba ay nakaranas ng makipag sex o makipagtalik?		☐ **oo** ☐**hindi**
10.Nakaranas ka ba na ikaw ay pinilit makipag sex?		☐ **oo** ☐**hindi**
11.Ikaw ba ay nakaranas nang mabuntis,o makabuntis?		☐ **oo** ☐**hindi**
12.Gusto mo bang mag pa counsel o komunsulta para matulungan ka?		☐ **oo** ☐**hindi**
Para sa mga impormasyon tungkol sa inyong kalusugan o anumang pangangailangang pagkonsulta **Bumisita sa FB page:** **DepEd DavNor-Health and Nutrtion Section**		

HEALTH ASSESSMENT FORM

NAME	
BIRTHDAY	
ADDRESS	
AGE	
SEX	
GRADE	
SECTION	

Minahal nga Ginikanan/Guardian,

Isip kabahin sa paningkamot sa among eskwelahan aron masiguro ang kahimsog ug kaayohan sa atong mga estudyante, nagahimo kami og mga regular nga health assessment matag tuig. Ang assessment maglakip sa usa ka general nga pisikal nga eksaminasyon, screening sa panan-aw ug paminaw, pag-check sa oral health, pagtan-aw sa status sa immunization, ug usa ka mubo nga survey sa medikal nga kasaysayan sa imong anak.
Mangayo kami sa imong pagtugot aron ang imong anak makapartisipar sa maong health assessment. Ang mga resulta sa assessment itago ug protektahan ug gamiton lamang aron matabangan ang pagsubay sa kahimsog sa imong anak ug masiguro nga makadawat sila og angay nga pag-atiman kung kinahanglan. Ang bisan unsang kabalaka nga magawas gikan sa assessment ipahibalo diretso kanimo.

Palihug basaha ug pirmahi ang ubos aron maghatag og imong pagkonsento:

Pagkonsento sa Pag-apil sa Health Assessment:
Ako, ang nagpirma, **[Pangalan sa Magulang/Guardian]** _____,
ang ginikanan/guardian ni **[Ngalan sa Estudyante]** _____,
nagahatag sa akong pagtugot alang sa akong anak nga makapartisipar sa health assessment sa eskwelahan. Nasabtan nako nga ang assessment maglakip sa mosunod:

- General nga pisikal nga check-up (taas, timbang, panglawas)
- Screening sa panan-aw ug paminaw
- Pag-check sa oral health (ngipon ug gums)
- Pag-review sa immunization status
- Usa ka mubo nga survey sa medikal ug kasaysayan sa pamilya sa akong anak

Nasabtan nako nga ang mga resulta sa assessment itago ug protektahan, ug ako ipahibalo kung kinahanglan og follow-up nga aksyon. Kung ang akong anak manginahanglan og dali nga medical nga atensyon base sa assessment, nasabtan nako nga ang eskwelahan kontakon ko o ang emergency contact dayon.

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Pangalan sa Magulang/Guardian: _____
Pirma: _____
Petsa: _____

Pangalan sa Emergency Contact: _____
Numero sa Emergency Contact: _____

1. Pangkalahatang Pagsusi sa Kalusugan

• Ang estudyante ba tan-awon nga:
☐ Kaayo ka nipis
☐ Tama lang
☐ Kaayo ka bug-at
☐ Ila (palihug isulti): _____

• Ang estudyante ba adunay kalisod sa paglakaw o paglihok?
[ ] Oo
[ ] Wala

• Ang estudyante ba nagpakita nga sakit o dili komportable (pananglitan, nagahawid sa tiyan, maglakat og hinay)?
[ ] Oo
[ ] Wala

• Ang estudyante ba adunay problema sa panit (sama sa pantal, bukol, o samad)?
[ ] Oo
[ ] Wala

2. Pagsusi sa Mata ug Tainga

• Makita ba sa estudyante ang pisara nga klaro gikan sa likod sa klase?
[ ] Oo
[ ] Wala

• Ang estudyante ba nagsulti nga masakit ang ilang mata o gikapoy?
[ ] Oo
[ ] Wala

• Ang estudyante ba makadungog ug klaro kung magstorya ka nila?
[ ] Oo
[ ] Wala

• Ang estudyante ba nagsulti nga ang ilang mga tainga nagabati og barado o nagalansang?
[ ] Oo
[ ] Wala

3. Pagsusi sa Ngipon ug Baba

• Ang estudyante ba adunay sakit sa ngipon o problema sa ilang ngipon?
[ ] Oo
[ ] Wala

• Ang mga gilagid ba sa estudyante magtan-aw nga malusog ug rosas?
[ ] Oo
[ ] Wala

• Ang estudyante ba adunay nawagtang nga ngipon o mga bulok nga ngipon (mga butas sa ngipon)?
[ ] Oo
[ ] Wala

• Adunay ba mga bukol, masa, o bisan unsang dili normal nga pagtubo sa baba?
[ ] Oo
[ ] Wala

• Kanusa ang estudyante miadto sa dentista sa kataposang higayon?
☐ Less than 6 months ago
☐ 6 months to 1 year ago
☐ More than a year ago
☐ Wala pa

4. Mga Bakuna (Iniksiyon)

• Ang estudyante ba updated sa ilang mga bakuna (mga iniksiyon)?
[ ] Oo
[ ] Wala

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Kung wala, unsang bakuna ang kulang o kinahanglan buhaton?
• Ang estudyante ba nakadawat sa mosunod nga mga bakuna? (I-check ang mga nakadawat na nila)
☐ Diphtheria, Tetanus, Whooping Cough (Penta)
☐ Polio
☐ Measles, Mumps, Rubella
☐ Hepatitis B
☐ Chickenpox
☐ Flu shot
☐ Ila: _____

• Ang estudyante ba nakadawat sa ilang COVID-19 nga bakuna?
[ ] Oo
[ ] Wala

5. Kasaysayan sa Kalusugan sa Estudyante ug Pamilya
• Ang estudyante ba adunay bisan unsang mga problema sa kalusugan? (I-check ang tanan nga angay)
☐ Problema sa pagginhawa (sama sa hika o kalisod sa pagginhawa)
☐ Diabetes (problema sa asukal sa dugo)
☐ Alerhiya (sama sa pagkaon, abog, o mga hayop)
☐ Problema sa kasingkasing
☐ Patol o kombulsyon
☐ Problema sa paminaw (sama sa kalisod sa pagdungog)
☐ Problema sa mata (sama sa malabo o masakit nga panan-aw)
☐ Problema sa panit (sama sa pantal o eczema)
☐ Ila: _____

• Ang estudyante ba nagatumar og medisina karon?
[ ] Oo
[ ] Wala

• Ang estudyante ba nakasinati og dagkong problema sa kalusugan sa miaging panahon (sama sa operasyon o pag-adto sa ospital)?
[ ] Oo
[ ] Wala

• Ang estudyante ba adunay kilala nga mga alerhiya?
[ ] Oo
[ ] Wala

• Angay ba ang usa sa mga miyembro sa pamilya sa estudyante nga adunay bisan unsang mga problema sa kalusugan? (I-check ang tanan nga angay)
☐ Sakit sa kasingkasing (mga problema sa kasingkasing)
☐ Diabetes (problema sa asukal sa dugo)
☐ Cancer
☐ Problema sa pangisip (pananglitan, sobrang kasubo, kabalaka, ug uban pa)
☐ Genetic nga kondisyon (nga gipaabot gikan sa pamilya, sama sa sickle cell, ug uban pa)
☐ Ila: _____

6. Pagsubay ug Dugang nga Tabang
• Ang estudyante ba kinahanglan magpakonsulta sa doktor para sa bisan unsang problema sa kalusugan?
[ ] Oo
[ ] Wala

• Ang estudyante ba nanginahanglan og dugang nga tabang para sa ilang kalusugan (pananglitan, physical therapy, counseling)?
[ ] Oo
[ ] Wala

Pangalan sa Tagapayo: _____
Petsa: _____

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