



Republic of the Philippines  
**Department of Education**

REGION XI

SCHOOLS DIVISION OF DAVAO DEL NORTE

**Office of the Schools Division Superintendent**

**DIVISION MEMORANDUM**

**NO. 107, s. 2023**

To: Assistant Schools Division Superintendent  
Chief Education Supervisor, Curriculum Implementation Division  
Chief Education Supervisor, School Governance and Operation  
Division  
Public Schools District Supervisors  
School Heads, Integrated and Secondary School Heads

Subject: **ADDENDUM TO DIVISION MEMORANDUM NO. 87 S. 2023 RE:  
ANNUAL MEDICAL AND DENTAL EXAMINATION TO TEACHING  
AND NON-TEACHING PERSONNEL FOR SECONDARY SCHOOLS**

Date: March 20, 2023

1. Relative to **DepEd Memorandum No. 0087, s. 2023** entitled **Annual Medical and Dental Examination to Teaching and Non-Teaching Personnel for Secondary Schools** re: change of schedule.
2. Enclosed herewith, is the final schedule of Schools, please be guided.
3. For your information and compliances.

**ALLAN G. FARNAZO, CESO IV**  
Regional Director  
And Concurrent Officer In-Charge  
Office of the Schools Division Superintendent

*For the Schools Division Superintendent*

**REBECCA C. SAGOT, CESO VI**  
Assistant Schools Division Superintendent

  
**ROSALINDA N. DIONIO**  
Administrative Officer V

Enclosure: As stated  
SGOD - HNS/ACP



## SCHEDULE FOR ANNUAL PHYSICAL EXAMINATION 2023

DATE		SCHOOL	DISTRICT	NURSE ASSIGNED
MAR 23, 2023	AM	STA FE NHS;	NEW CORELLA	ARMI H. MULIT, RN
	PM	MESAORY NHS; LIMBAAN NHS;		
MAR 29, 2023	AM	SONLON NHS	ASUNCION	CATHERINE P. CANTALEJO, RN
	PM	SAGAYEN NHS		
MAR 30, 2023		NEW CORELLA NHS	NEW CORELLA	ARMI H. MULIT, RN
APR 5, 2023	AM	NATULINAN NHS, DJALMNHS	TALAINGOD	ZAIDA Y. CAMID, RN
	PM	STO NINO NHS; DAGOHY NHS		
MAY 3, 2023	AM	LA LIBERTAD NHS	STO TOMAS	DOREEN G. OPIANA, RN
	PM	MARSMAN NHS		
MAY 4, 2023	AM	SALVACION NHS; KIMAMON NHS	STO TOMAS	DOREEN G. OPIANA, RN
	PM	KINAMAYAN IS		
MAY 10, 2023		STO TOMAS NHS	STO TOMAS	DOREEN G. OPIANA, RN
MAY 11, 2023		STO TOMAS NHS	STO TOMAS	DOREEN G. OPIANA, RN
MAY 17, 2023	AM	BALAGUNAN NHS	STO TOMAS	DOREEN G. OPIANA, RN
	PM	TULALIAN NHS		
MAY 18, 2023	AM	ALEJAL NHS; ANIBONGAN NHS	CARMEN	HANNAH GRACE L. PELAEZ, RN
	PM	CARMEN NHS		
MAY 24, 2023	AM	DUJALI NHS	DUJALI	HANNAH GRACE L. PELAEZ, RN
	PM	ANTONIO V. FRUTO NHS		
MAY 25, 2023	AM	TUBOD NHS; ALIA NHS	CARMEN	HANNAH GRACE L. PELAEZ, RN
	PM	CARMEN NHS; LAPAZ NHS		
MAY 31, 2023	AM	TANGLAW NHS; MABUHAY NHS	CARMEN	HANNAH GRACE L. PELAEZ, RN
	PM	CARMEN NHS		
JUNE 1, 2023	AM	BENIGNO Q. MARTIR NHS	KAPALONG	CONSTANT DAVE G. CABERTO, RN
	PM	DUGAYAN NHS		
JUNE 7, 2023	AM	LUNA NHS; SEMONG NHS; DONA CARMEN NHS	KAPALONG	CONSTANT DAVE G. CABERTO, RN
	PM	KAPALONG NHS		
JUNE 8, 2023		KAPALONG NHS	KAPALONG	CONSTANT DAVE G. CABERTO, RN
June 14, 2023	AM	BALTAZAR NICOR VALENZUELA NHS; MABANTAO NHS	KAPALONG	CONSTANT DAVE G. CABERTO, RN
	PM	RAMON SEGUNDO SR. NHS; SUA-ON NHS		
June 15, 2023		ASUNCION NHS	ASUNCION	CATHERINE P. CANTALEJO, RN
June 21, 2023	AM	DATU BALONG NHS; PINAMUNO NHS	SAN ISIDRO	CATHERINE P. CANTALEJO, RN
	PM	SAWATA NHS; LINAQ NHS		





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

Office of the Schools Division Superintendent

MARCH 13, 2023

**DIVISION MEMORANDUM**

No. 0087 s. 2023

**ANNUAL MEDICAL AND DENTAL EXAMINATION TO TEACHING AND NON -  
TEACHING PERSONNEL FOR SECONDARY SCHOOLS**

TO: **Assistant Schools Division Superintendent**  
**Chief Education Supervisor, Curriculum Implementation Division (CID)**  
**Chief Education Supervisor, School Governance and Operation Division (SGOD)**  
**Public Schools District Supervisors**  
**School Heads, Integrated and Secondary Schools**

1. Pursuant to the DepEd Memo.22, s.2015 entitled Annual Physical Examination of DepEd Employees (Teaching and Non- teaching Personnel) shall undergo annual physical examination in compliance with the Civil Service Commission Memorandum Circular No. 17, s.1989.
2. The medical and dental examination ensures that all employees are healthy considering that their physical well- being has a significant impact on the delivery of services.
3. The following diagnostic tests shall be required:
  1. Chest X-ray PA view (except for pregnant women). Pregnant women are required to submit Sputum Analysis in lieu of chest X-ray.
  2. Complete Blood Count; and
  3. Urinalysis
4. Personnel with existing comorbidities (e.g. Hypertension, Diabetes Mellitus, Chronic kidney Disease, Cardiovascular Diseases etc.) are encouraged to have the following:
  1. Lipid profile
  2. Fasting Blood Sugar
  3. Serum Creatinine
  4. SGPT/SGOT



Address: **Mankilam, Tagum City, Davao del Norte**  
Telephone Number: **(084) 216 0188**  
Website: [www.depeddavnor.ph](http://www.depeddavnor.ph) | Facebook: **DepEd Davao del Norte**





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5. Serum Uric Acid
6. ECG 12L with reading
5. Female employees who are 30 years old and above, and sexually active are encouraged to have Pap Smear for 3 consecutive years, if with normal results, subsequent screening will be done every 3 years. Pap smear test is for early detection of Cervical Cancer.
6. Laboratory examination shall be done one week before your scheduled date.
7. Please see the attached scheduled for the annual medical and dental examination of Teaching and Non- Teaching Personnel. Form 86 and its attachments (Laboratory results) will be submitted to the DepED Medical Officer for assessment.
8. Please see the attached Dental form for the examination.
9. No compliance with examination shall require the employee to tender a written letter of explanation. This shall be submitted to the School Health Section for individual file.
10. No disruption of classes shall be observed.
11. For strict compliance.

**ALLAN G. FARNAZO**

Director IV

And Concurrent Officer -In-Charge

Office of the Schools Division Superintendent



For the Schools Division Superintendent:

**REBECCA C. SAGOT, CESO VI**

Assistant Schools Division Superintendent

Enclosure: As stated  
SGOD – HNS/ACP

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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:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Allergies     |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Cardio Vascular Dis. | <input type="checkbox"/> Asthma            |  |

**DENTITION STATUS**

Please Specify \_\_\_\_\_

**INDEX : DMFT**

Status

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

Status

No. of T/Decayed	X -
	F -
No. of T/Missing	
No. of T/Filled	
<b>Total</b>	

**TREATMENT RECORD**

DATE	TOOTH NO.	NATURE OF OPERATION	REMARKS	DENTIST

**Periodontal Condition:**

- ☐ Normal  
☐ Gingivitis  
☐ Periodontal Disease

Other Abnormal Conditions \_\_\_\_\_

**DENTAL PROSTHESES**

Denture wearer: ☐ Y ☐ N

Please Specify: \_\_\_\_\_

Need for Denture: ☐ Y ☐ N

Please Specify: \_\_\_\_\_

Remarks: \_\_\_\_\_

Remarks: \_\_\_\_\_

Remarks: \_\_\_\_\_

Please Specify \_\_\_\_\_

**SYMBOLS FOR MOUTH EXAMINATION**

- |  |  |
|--|--|
| X - Carious tooth indicated for extraction | F2 - Permanently filled tooth with recurrence of decay |
| F - Carious tooth indicated for filling    | Heavy Shade - Permanent filling                        |
| RF - Root fragment                         | Outline of filling - tooth w/ temporary filling        |
| O - Missing tooth                          |  |

**Artificial Restoration:**

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

**SYMBOLS FOR ACCOMPLISHMENT**

- |                                |                                 |
|--------------------------------|---------------------------------|
| OP - Oral Prophylaxis          | ZnO F - Zinc Oxide Filling      |
| Xt - Extracted permanent tooth | R - Referred to private dentist |
| Ag F - Amalgam Filling         |                                 |
| Sy F - Synthetic porcelain     |                                 |
| GIC - Glass Ionomer Cement     |                                 |

## TREATMENT RECORD

[illegible]



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