



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

Office of the Schools Division Superintendent

May 29, 2023

DIVISION MEMORANDUM
SGOD-2023-0156

ANNUAL MEDICAL AND DENTAL EXAMINATION OF TEACHING AND NON-TEACHING PERSONNEL FOR ELEMENTARY PERSONNEL

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:
 - Chest X-ray PA view (except for pregnant women). Pregnant women are required to submit Sputum Analysis in lieu of Chest X-ray.
 - Complete Blood Count; and] must be recent; taken within one week before
 - Urinalysis] the scheduled annual PE
4. Personnel with existing comorbidities (e.g. Hypertension, Diabetes Mellitus, Chronic Kidney Disease, Cardiovascular Diseases etc.) are encouraged to have the following:
 - Lipid Profile
 - Fasting Blood Sugar
 - Serum Creatinine
 - SGPT/SGOT
 - Serum Uric Acid
 - ECG 12Lwith reading

Results for blood chemistry must be not earlier than one (1) month before the scheduled annual PE.



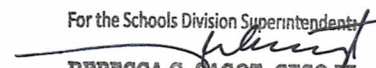
Address: Mankilam, Tagum City, Davao del Norte
Telephone Number: (084) 216 0188
Website: www.depeddavnor.ph | Facebook: DepEd Davao del Norte



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. Please see the attached schedule 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.
7. Please see the attached Dental form for the examination.
8. 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.
9. School Heads are directed to arrange the schedule of their teachers to avoid disruption of classes.
10. Service Credits shall be granted to teaching personnel whose annual examinations fall during vacation period.
11. Equal Opportunity Principle (EOP) in all endeavors for all teaching, non-teaching personnel and learners of the Division of Davao del Norte, shall be strictly observed.
12. For strict compliance.

REYNALDO B. MELLORIDA, CESO V
Schools Division Superintendent



For the Schools Division Superintendent

REBECCA C. SAGOT, CESO VI
Assistant Schools Division Superintendent

Enclosure: As stated
SGOD/ACP





Republic of the Philippines
Department of Education
Region XI
Division of Davao del Norte
Mankilam, Tagum City

HEALTH EXAMINATION RECORD

Name: _____ Sex: _____ Civil Status: _____
Date of Birth: _____ Type of Work: _____
Place of Birth: _____ Office: _____

1. Date: _____ Age: _____ Height: _____ Weight: _____ BMI _____ NS _____

2. Respiratory System:

Radiologic Film No. _____ Date: _____

Right Lung: _____

Left Lung: _____

Mediastinum: _____

Impression: _____

Recommendation: _____

3. Circulatory System:

Blood Pressure: Systolic: _____ mmHg Diastolic: _____ mmHg

Pulse Rate: _____ Sitting: _____ Agility Test: (after 3 mins.) _____

4. Digestive System: _____

5. Genito-urinary System: _____

6. Skin: _____

7. Loco-motor System: _____

8. Nervous System: _____

9. Eyes, Conjunctiva, etc: _____

10. Color Perception: _____

11. Vision with/without glasses: _____

12. Ears: _____

13. Throat: _____

14. Nose: _____

15. Teeth: _____

16. Immunization: _____

Remarks: _____

Recommendation: _____

Employee's Signature: _____

ANGELINE C. PAULMA, MD

Medical Officer III

DepEd Davao del Norte

License No. 0126825

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 Dis. ☐ Asthma

DENTITION STATUS

Please Specify _____

INDEX : DMFT

Status

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	
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

Please Specify: _____

Need for Denture: ☐ Y ☐ N

Please Specify: _____

Remarks: _____

Remarks: _____

Remarks: _____

SYMBOLS FOR MOUTH EXAMINATION

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

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

TREATMENT RECORD

[illegible]

SCHEDULE FOR ANNUAL PHYSICAL EXAMINATION 2023

DATE	SCHOOL	DISTRICT	NURSE ASSIGNED
June 20, 2023	Patel ES	Langilan	Mercy M. Dela Cuz, RN
June 22, 2023	Cambanogoy CES	Asuncion	Maria Febe G. Enad, RN
June 27, 2023	Maniki CESSC	Kapalong East	Mercy M. Dela Cuz, RN
June 28, 2023	Sagayen ES	Asuncion	Maria Febe G. Enad, RN
June 29, 2023	Kimamon ES	Sto. Tomas East	Hazel V. Calotes, RN
June 30, 2023	Sto. Nino CES	Talaingod	Annaliza L. Sepe, RN
July 4, 2023	Sawata Ernandcor CES	San Isidro	Alrene C. Calotes, RN
July 5, 2023	Carmen CES	Carmen	Ma. Luisa O. Cuyos, RN
July 6, 2023	Nafco CES	Sto. Tomas East	Hazel V. Calotes, RN
July 7, 2023	Gabuyan CES	Kapalong West	Annaliza L. Sepe, RN
July 13, 2023	New Corella CES	New Corella	Maregine T. Atabelo, RN
July 14, 2023	New Corella CES	New Corella	Maregine T. Atabelo, RN
July 19, 2023	Sto. Tomas CES	Sto. Tomas West	Jocelyn C. Cardinal, RN
July 20, 2023	Sto. Tomas CES	Sto. Tomas West	Jocelyn C. Cardinal, RN
July 21, 2023	Dujali CES	BE Dujali	Garry D. De Vera, RN

