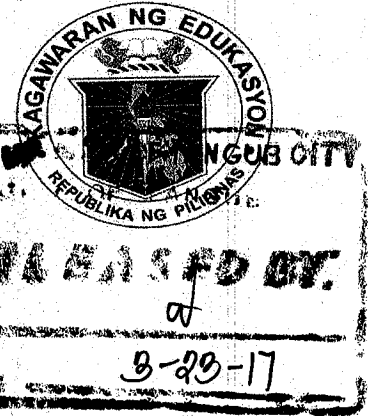




Republic of the Philippines
Department of Education
Region X
DIVISION OF TANGUB CITY
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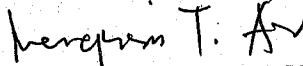


DIVISION MEMORANDUM
No. **63**, s. **2017**

TO: Chief Education Supervisors (CID/GOD)
Education Program Supervisors
Senior Education Specialist/Education Program Specialist
Public Elementary / Secondary Head Teachers/TIC
Teaching and Non-teaching Personnel
This Division

FROM: **VICTORIA V. GAZO, Ph.D. CESO V**
Schools Division Superintendent

FOR THE SCHOOLS SUPERINTENDENT:

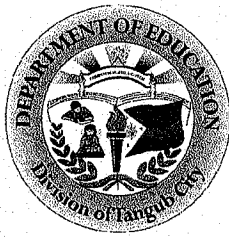

MARGISSA T. AMEN
Administrative Officer V

SUBJECT: **ANNUAL PHYSICAL EXAMINATION OF DepEd EMPLOYEES
TEACHERS AND NON-TEACHING PERSONNEL**

DATE: March 22, 2017

1. In compliance with the Civil Service Commission Memorandum Circular No. 17, s 1989 and DepEd Memo.No.22, s 2015, all DepEd teaching and non-teaching personnel shall undergo the annual physical examination.
2. Teaching and Non-Teaching Personnel shall undergo health profiling and annual physical examination: **Urinalysis, CBC** and to include at least a **Chest Radiography (Chest X-Ray)** in compliance to Civil Service Commission Memorandum Circular #17, s. 1989 and DepEd Order No.44 s. 2003.
3. This activity is being conducted to create awareness on the importance of health and wellness and to provide a means for proper diagnosis, management and follow up of identified medical and dental ailments of the teaching and non-teaching personnel in the Division.
4. Schools Administrators / Section Chiefs are advised to inform their teacher /non-teaching personnel to undergo the health examination during the month of April. Attached herewith is the FORM 86 to be reproduced.
5. The school administrator should be the one to sign the Clearance of their respective teachers while school administrators the Division Health and Nutrition Staff will sign their clearance upon submission of the complete data with actual number of teachers in their school.
6. Submission of Form 86 should be on or before April 28, 2017 at the Division Health and Nutrition.
7. Immediate and wide dissemination of this Memorandum is desired.

VVG/wtm/03-22-17



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GENERAL FORM 86

Date: _____

HEALTH EXAMINATION RECORD

A. GENERAL INFORMATION

Name: _____
 Place of Birth: _____
 Age: _____ Sex: _____
 District: _____
 School: _____

Department: _____
 Date of Birth: _____
 Civil Status: _____
 Type of Work: _____
 Years in Service: _____

B. HEALTH STATUS:

Height (Cm.) _____
 Temperature: _____

Weight (kg.) _____

Respiratory System:

Respiratory Rate: _____
 Throat: _____
 Ear: _____
 Hearing: Right Ear: _____
 Chest X-ray: _____

Pulse Rate: _____
 Tongue: _____
 Nose: _____
 Left Ear: _____
 Sputum: _____

Circulatory System:

Blood Pressure: Systole: _____
 Heart Rate: _____
 CBC: _____

Diastole: _____
 Blood Type: _____

Digestive System:

Mouth: _____

Teeth & Gums: _____

Reproductive System:

Urinalysis: _____

Skin: _____

Nervous System:

Eye Conjunctiva: _____
 Locomotor: _____
 Vision: Without Eyeglasses: _____

Color Perception: _____

With Eyeglasses: _____

Immunization: _____

REMARKS: _____

RECOMMENDATION: _____

Date: _____

 Physician/ Medical Officer
 (Signature over Printed Name)
 License No. _____
 PTR: _____