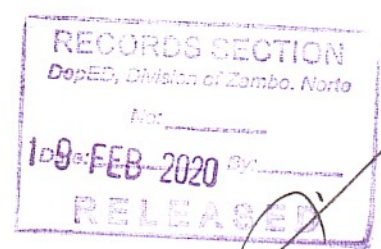




Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE
Capitol Drive, Estaka, Dipolog City, 7100



Tel No.: (065) 212-5843

e-mail address: zn_division@deped.gov.ph

Division Memorandum

No: 048, s. 2020

To: Public Schools District Supervisor
Elementary and Secondary School Heads
School Health Personnel Concerned

From :  **MA. LIZA R. BABILON Ed.D., CESO VI**
Schools Division Superintendent

Subject : 2020 Annual Physical Examination of DepEd Personnel

Date : February 17, 2020

1. Pursuant to DepEd Memorandum No. 22, s. 2015 **Annual Physical Examination Of DepEd Employees**, all teaching and non-teaching personnel are required to undergo annual physical examination in compliance with Civil Service Commission Memorandum Circular No. 17, s. 1989 considering that the physical well-being of government employees have a significant impact on the efficiency and effectiveness of delivery of public service.
2. The annual health examination shall be conducted to ensure that employees are physically fit to perform their assigned roles and functions to give quality, healthy and safe services as public servant using the 3-year Form 86. *See Enclosure Nos. 1 and 2.*
3. Based on the result of the 2019-2020 annual health examination of DepEd Schools Division of Zamboanga del Norte, the top ailments are Hypertension, Urinary Tract Infection, Anemia, Diabetes Mellitus, Upper/Lower Respiratory Tract Infection. Hence the following laboratory and diagnostic tests are required:
 - a. Chest X-ray result (except for pregnant women which required Sputum Analysis)
 - b. Urinalysis
 - c. Complete Blood Count
4. For personnel who are 40 years old and above and those who are Hypertensive and Diabetic: ECG, Lipid Profile, Creatinine, Blood Uric Acid and SGPT is suggested. It is further advised for female employees 30 years old and above that Pap smear should be done for 3 consecutive years. If the three consecutive-year result is normal, the next Pap smear would be after 5 years.



"Be and Do Much Better Each Day with a Sense of Urgency"





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5. A consolidated report on the result of the Annual Physical Examination shall be submitted to the Schools Division Office on or before May 31, 2020 thru bit.ly/depedznform86.
6. For strict compliance.

CVO/2020Form86/SGOD-SHNS/DM011-2020/02182020



'Be and Do Much Better Each Day with a Sense of Urgency'



TEACHER'S HEALTH CARD

Date: _____
 Name: _____ Date of Birth: _____ Age: _____ Gender: _____
 School/District/Division: _____ Civil Status: _____
 Position/Designation: _____ Years in Service: _____
 First Year in Service: _____

Family History: (pls. check)	Y	N	Specify Relationship
Hypertension	[]	[]	_____
Cardiovascular Disease	[]	[]	_____
Diabetes Mellitus	[]	[]	_____
Kidney Disease	[]	[]	_____
Cancer	[]	[]	_____
Asthma	[]	[]	_____
Allergy	[]	[]	_____

Other Remarks: _____

Past Medical History: (check)	Y	N		Y	N
Hypertension	[]	[]	Tuberculosis	[]	[]
Asthma	[]	[]	Surgical Operations (pls. specify)	[]	[]
Diabetes Mellitus	[]	[]	Yellowish discoloration of skin/sclera	[]	[]
Cardiovascular Disease	[]	[]	Last hospitalization (reason)	[]	[]
Allergy (pls. specify)	_____		Other (pls. specify)	_____	

Last Taken	Date	Result	Drug Testing:	Date	Result	Others specify
CXR/Sputum Result:	_____	_____	_____	_____	_____	_____
ECG	_____	_____	Neuropsychiatric exam:	_____	_____	_____
Urinalysis	_____	_____	Blood Typing:	_____	_____	_____

Social History
 Smoking Y _____ N _____ Age started: _____ Sticks/packs per day: _____ Packs per year: _____
 Alcohol Y _____ N _____ How often: _____ Food preference: _____

OB Gyn History (pls. encircle) (Female Teachers)
 Menarche: _____ Cycle _____ Duration _____
 Menopause: _____
 Parity: _____ **F P A L**
 Papsmear done: _____ **Y N** if YES, When: _____
 Self Breast examination done: _____ **Y N**
 Mass noted: _____ **Y N** Specify where _____
 For Male personnel: Digital rectal examination done: _____ **Y N** Date examined: _____
 Result: _____

Present Health Status (pls. check)	Y	N		Y	N
Cough 2wks 1 month longer	[]	[]	Lumps	[]	[]
Dizziness	[]	[]	Painful urination	[]	[]
Dyspnea	[]	[]	Poor/loss of hearing	[]	[]
Chest/Back pain	[]	[]	Syncope/fainting	[]	[]
Easy fatigability	[]	[]	Convulsions	[]	[]
Joint/extremity pains	[]	[]	Malaria	[]	[]
Blurring of vision	[]	[]	Goiter	[]	[]
Wearing eyeglasses	[]	[]	Anemia	[]	[]
Vaginal discharge/bleeding	[]	[]	Others: Pls. specify	_____	
Dental Status: (pls. specify)	_____				

Present Medication taken: (pls. specify) _____

Legend:
 CXR - Chest X-ray PTB - Pulmonary Tuberculosis
 EXG - Electro Cardio Gram F - Full Term
 Y - Yes P - Pre-mature
 N - No A - Abortion
 HPN - Hypertension L - Live Birth
 CVD - Cardio Vascular Disease
 DM - Diabetes Mellitus

Interviewed by: _____
 Date: _____

HEALTH EXAMINATION RECORD

Name: _____ Division: _____ Department: _____
 Date of Birth: _____ Type of Work: _____ Sex: _____ Civil Status: _____

1	Date:	Date:	Date:
	Height	Height	Height
	Weight	Weight	Weight
2	Temperature:		
3	Respiratory System:		
	Fluorography:		
	Sputum Analysis:		
4	Circulatory System:		
	Blood Pressure:		
	Pulse:		
	Sitting: _____	Sitting: _____	Sitting: _____
	Agility Test: _____	Agility Test: _____	Agility Test: _____
5	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes:		
	Color Perception:		
	Conductivities, etc.:		
11	Vision:		
	With glasses: Far: _____ Near: _____	With glasses: Far: _____ Near: _____	With glasses: Far: _____ Near: _____
	Without glasses: Far: _____ Near: _____	Without glasses: Far: _____ Near: _____	Without glasses: Far: _____ Near: _____
12	Nose:		
13	Ear:		
14	Hearing:		
	Right: _____ Left: _____	Right: _____ Left: _____	Right: _____ Left: _____
15	Throat:		
16	Teeth and Gums:		
17	Immunization:		
18	Remarks		
19	Recommendation		
20	Employee's Signature:		
	Employee's Name (Print):		
21	Physician's Signature:		
	Physician's Name (Print):		



Republic of the Philippines
Department of Education

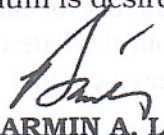
19 MAR 2015

DepEd MEMORANDUM
No. **22**, s. 2015

**ANNUAL PHYSICAL EXAMINATION OF DEPED EMPLOYEES
(TEACHING AND NON-TEACHING PERSONNEL)**

To : Undersecretaries
Assistant Secretaries
Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
Heads, Public Elementary and Secondary Schools
All Others Concerned

1. All Department of Education (DepEd) teaching and non-teaching personnel shall undergo annual physical examination in compliance with the Civil Service Commission Memorandum Circular No. 17, s. 1989.
2. Chest X-ray and laboratory examinations shall only be done as recommended by the physician.
3. Teachers' Annual Health Examination Form 86 may be filled out by the DepEd Medical Officer, *Tamang Serbisyong Kalusugang Pampamilya* (TSEKAP) Service Provider Medical Officer or any government-licensed physician. All DepEd teaching and non-teaching personnel are encouraged to avail of the TSEKAP formerly known as the *Primary Health Care Benefit 1 (PCB1) Package*.
4. To avail of the TSEKAP services, teachers must visit their assigned service provider for enlistment. Profiling of medical history will then be done to determine the needed physical examination. All concerned may refer to DepEd Memorandum No. 30, s. 2014 entitled *Expansion of PhilHealth Primary Care Benefit 1 (PCB1) Package to cover Personnel of the Department of Education*.
5. The teachers' annual health clearance shall be based on the filled out Form 86 or its equivalent health clearance certificates provided by the TSEKAP physician.
6. This Memorandum shall rescind the statement in Item 3B, Paragraph 2 of DepEd Order No. 44, s. 2004 entitled *Strengthening DepEd's TB Prevention and Control Program Through Adoption of the Comprehensive and Unified Policy on TB Control in the Philippines (CUPTBCP)* requiring Chest X-ray in the Teachers Annual Health Clearance.
7. Immediate dissemination of this Memorandum is desired.


BR. ARMIN A. LUISTRO FSC
Secretary