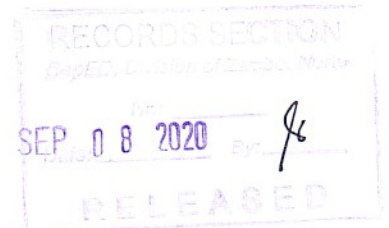




Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



Division Memorandum
No. 243, s. 2020

To: Public Schools District Supervisors
Elementary and Secondary School Heads
School Clinic Teachers
School Health Personnel
All Others Concerned

From:  **MA. LIZA R. TABILON Ed.D., CESO V**
Schools Division Superintendent

Subject: **REITERATION OF DepEd Order NO. 14, s.2020 RE: GUIDELINES ON THE REQUIRED HEALTH STANDARDS IN BASIC EDUCATION OFFICES AND SCHOOLS**

Date: September 2, 2020

This is to reiterate D.O. 14, s 2020, **Guidelines on the Required Health Standards in Basic Education Offices and Schools** and Division Memorandum 145, s.2020, **Minimum Health Standards for the New Normal** which mandates all public elementary and secondary schools to adopt the guidelines on the required health standards.

To internalize said guidelines, there will be a webinar for COVID-19 mitigation on September 15, 2020 8:15 AM streamed via Facebook live at **Hns ZamboNorte** facebook group. Public Schools District Supervisors, School Heads, Clinic Teachers and School Health Personnel are required to be a member of the FB group by accessing this link prior to the webinar:

<https://www.facebook.com/groups/DepedZNSchoolHealth>

Participants are required to register during the webinar through a link to be pinned on the FB comment box for attendance.

Attached is a copy of the matrix for the activity and the Health Declaration Form (*see Enclosure*).

Immediate dissemination of and strict compliance with this Memorandum is desired.

CVO/RequiredHealthStandards/SGODSHNS/DM22-2020/09022020

Navigating
Opportunities to
Re-engineer for
Transformation &
Empowerment



Capitol Drive, Estaka, Dipolog City, 7100
Tel No.: (065) 212-5843
e-mail address: zn.division@deped.gov.ph



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



Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE

Enclosure No. 1 to Division Memorandum No. 243, s. 2020

Schedule Time	Topic	Speaker
8:15am-8:30am	Preliminaries/Webinar Protocol	Nicolette Ria E. Tangon EPS II SGOD-HRTD
8:30am-8:45am	Opening Program	
8:45am-9:15am	I.A. Routines & Protocols for Health & Safety Division COVID-19 Situation Report General Health and Safety Protocols Detection and Referral School Activities and Events	Jessica L. Caburatan Medical/Nursing Coordinator Head Nurse Cluster II Cheryl V. Ocupe, M.D. Medical Officer III
9:15am-10:00am	I.B. School Clinic and Health Services School Dental Services First Aid School Disinfection Common Illness Top 10 Herbal Medicines	Joy Marie O. Labog, DDM Dentist-In-Charge Eunice Janolino DRRM Coordinator PDO II Horlita D. Balais Nurse-In-Charge
10:00am-10:30am	II. Physical Arrangement in Schools	Engr. Dave Patigayon Engineer III
10:30am-11:00am	III. Support Mechanisms Physical and Mental Resilience	Josephine U. Dano Mental Health Coordinator Head Nurse Cluster IV
11:00am-11:30am	IV. Screening of Returning Personnel and Learners Administrative Support Testing Protocols	Sonia Y. Uy, M.D. Head, School Health Section
11:30am-11:45am	Open Forum (Q and A)	
11:45 am-12:00nn	Closing Program	

Navigating
Opportunities to
Re-engineer for
Transformation &
Empowerment



Capitol Drive, Estaka, Dipolog City, 7100
Tel No.: (065) 212-5843
e-mail address: zn.division@deped.gov.ph



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



Enclosure No. 2 to Division Memorandum No. 243, s. 2020

HEALTH DECLARATION FORM

Date of Visit: _____ Time: _____
Temperature: _____ Contact #: _____

RESPONDENT INFORMATION		
Last Name:		
First Name:		
Middle Name:		
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
School/District: _____		
Address: Barangay: _____		
City/Municipality: _____		
Province: _____ Region: _____		
Purpose of Visit:		
1. In the past 14 days, which of the following symptom(s) have you experienced. Please check (✓) the relevant box(es).		
<input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Body aches <input type="checkbox"/> Headache <input type="checkbox"/> Dry Cough <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Runny Nose <input type="checkbox"/> Others <input type="checkbox"/> NONE OF THE ABOVE		
2. Have you been in contact with a confirmed COVID-19 patient in the past 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you been identified to high risk areas of COVID-19 in the past 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the area(s):		
Declaration and Data Privacy Consent Form:		
<i>The information I have given is true, correct and complete. I understand that failure to answer any question or giving false answer can be penalized in accordance with law.</i>		
<i>I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the DepEd Dipolog Ciy, Zamboanga del Norte COVID-19 internal protocols.</i>		
_____ Signature		_____ Date
Please be advised that the above information shall only be used in relation to DepEd COVID-19 internal protocols in accordance with the Data Privacy Act.		



N-avigating
O-pportunities to
R-eengineer for
T-ransformation &
E-mpowerment

Capitol Drive,
Estaka, Dipolog
Citv. 7100



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



Enclosure No. 2 to Division Memorandum No. 243, s. 2020

HEALTH DECLARATION FORM

Date of Visit: _____ Time: _____
Temperature: _____ Contact #: _____

RESPONDENT INFORMATION		
Last Name:		
First Name:		
Middle Name:		
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
School/District: _____		
Address: Barangay: _____		
City/Municipality: _____		
Province: _____ Region: _____		
Purpose of Visit:		
4. In the past 14 days, which of the following symptom(s) have you experienced. Please check (✓) the relevant box(es).		
<input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Diarrhea <input type="checkbox"/> Body aches <input type="checkbox"/> Headache <input type="checkbox"/> Dry Cough <input type="checkbox"/> Tiredness <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Runny Nose <input type="checkbox"/> Others <input type="checkbox"/> NONE OF THE ABOVE		
5. Have you been in contact with a confirmed COVID-19 patient in the past 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you been identified to high risk areas of COVID-19 in the past 14 days?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the area(s):		
Declaration and Data Privacy Consent Form:		
<i>The information I have given is true, correct and complete. I understand that failure to answer any question or giving false answer can be penalized in accordance with law.</i>		
<i>I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to the DepEd Dipolog Ciy, Zamboanga del Norte COVID-19 internal protocols.</i>		
_____ Signature		_____ Date
Please be advised that the above information shall only be used in relation to DepEd COVID-19 internal protocols in accordance with the Data Privacy Act.		



N-avigating
O-pportunities to
R-eengineer for
T-ransformation &
E-mpowerment

Capitol Drive,
Estaka, Dipolog
Citv. 7100



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