Republic of the Philippines

Department of Education

REGION IV- A CALABARZON

CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

24 August 2026

DIVISION MEMORANDUM
No. 555 s. 2026

PRIMARY EYE HEALTH CARE SYMPOSIUM

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public Elementary and Secondary Schools
Heads, Unit/Section
All Others Concerned

1. Pursuant to **DepEd Order No. 113, s. 2019**, and in support of the **National Vision Screening Program for Kindergarten Pupils**, the City Health Office of Tayabas will conduct a **Primary Eye Care Symposium** for selected public School Heads.

2. This aims to enhance the knowledge and skills of the participants on primary eye care, early detection of common eye problems among young children, proper referral pathways, and the prevention of visual impairment.

3. The activity will be held on **August 25, 2026**, from **8:00 a.m. to 5:00 p.m.** at **Training Room 2, 3rd Floor, Tayabas New City Hall, Brgy. Baguio, Tayabas City**.

4. Enclosed are the list of participants on the said activity.

5. Immediate dissemination of this Memorandum is desired.

For:

CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

By:

CONRADO C. GABARDA
Administrative Officer V
Officer-in-Charge

Address: Brgy. Potol, Tayabas City
Telephone No.: (042) 785-9615
Email Address: tayabas.city@deped.gov.ph
Website: https://www.sdotayabascity.ph

Encl.: As stated
Reference: DepEd Order 11358, s. 2019
To be indicated in the Perpetual Index
under the following subjects:

HEALTH
LEARNERS

SGOD- primary eye health care symposium
RECRQOML-010067/August 24, 2026

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Enclosure 1

LIST OF PARTICIPANTS FOR EYE HEALTH CARE SYMPOSIUM

No.	Name	School
1.	Mary Grace M. Cabili	Dapdap Integrated School
2.	Lea A. Cosico	TWCS I
3.	Honesto P. Caagbay	Calumpang IS
4.	Ingrid A. Palad	South Palale ES
5.	Natalia A. Andaya	TWCS III

REPUBLIC OF THE PHILIPPINES
CITY OF TAYABAS
QUEZON PROVINCE

CITY HEALTH OFFICE

To: **Celedonio B. Balderas Jr.**
Schools Division Superintendent
City Schools Division of the City of Tayabas

From: **City Health Office**

Subject: **Invitation for Primary Eye Care Symposium for Early Childhood Teachers**

Date: **August 12, 2026**

The **City Health Office** of Tayabas will be conducting a **Primary Eye Care Symposium** on **August 25, 2026** at **Training Room 2, 3rd Floor, Tayabas New City Hall, Brgy. Baguio, City of Tayabas**. This activity aims to enhance the knowledge and skills of Day Care, Nursery, and Kindergarten Teachers on primary eye care, early detection of common eye problems among young children, proper referral pathways, and the prevention of visual impairment.

In this regard, may we respectfully request your school / center to send **Six (6)** selected participants (teacher, nurses, etc.) to attend the said activity. The participant's attendance and active participation will significantly contribute to the early identification and timely referral of children with visual concerns, thereby supporting healthier learning and development outcomes.

Attendance for the entire duration of the symposium is highly encouraged to ensure that participants fully benefit from the discussions and practical learning sessions.

We sincerely appreciate your continued support and cooperation in promoting eye health among preschool and early elementary learners in the City of Tayabas.

Kindly confirm your attendance on or before August 18, 2026 by contacting **Ms. Samantha Jane V. Oniola** at **(042) 788-0925**, or **09988563794**.

We look forward to your positive response and active participation in this meaningful learning opportunity.

Thank you, and we hope to see you at the training.

Sincerely,

HERNANDO C. MARQUEZ, MD, MPH, MPM, DPAMS
City Health Officer

Telefax No.: (042) 788-0925
Email add: cho@tayabas.gov.ph
Office Address: Old Municipal Hall Annex Bldg., J.P Rizal St. San Diego Zone I.

	CITY GOVERNMENT OF TAYABAS New City Hall Building, Brgy. Baguio, City of Tayabas, 4327	Doc. No.: HRM-L&D-006
		Rev.: 0
	LEARNING AND DEVELOPMENT	Effectivity Date: November 2023
	TITLE: CONFIRMATION FORM	Page: 1 of 1

Title of L&D Intervention	Primary Eye Care Symposium for Early Childhood Teachers		
Date	August 25, 2026	**Time**	8:00 am – 5:00 pm
Venue	Training Room 2, 3rd Floor, Tayabas New City Hall, Brgy. Baguio, City of Tayabas		

Name of Participant			
Preferred Name or Nickname		**Birthday (optional with consent)**	
Sex: __Male __Female **Preferred Pronouns:** ___He ___She		**Sexual Minority/LGBT (Optional):** __ Yes __ No	

Position	
Department/Section	
No. of Years in the City Government of Tayabas	
Educational Background	
Persons or Groups with Special Needs (Optional)	
Please advise on food restriction/s	

Email Address	
Cellphone Number	

Preferred Date of Attendance ***(for multiple batches)***	

I hereby commit to attend the learning intervention. _____ Signature of the Participant	The abovementioned is hereby nominated to attend the learning intervention _____ Signature of Department/Section Head

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