



Republic of the Philippines
Department of Education
Region 4-A CALABARZON
Province of Quezon
CITY SCHOOLS DIVISION
City of Tayabas



DIVISION MEMORANDUM

No. 086 s. 2016

TO : **OIC-ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
CHIEFS, CID & SGOD
HEADS, PUBLIC ELEMENTARY AND SECONDARY SCHOOLS
ALL DEPED TEACHING AND NON TEACHING PERSONNEL
ALL OTHERS CONCERNED**

FROM : **DR. CATHERINE P. TALAVERA**
OIC- Schools Division Superintendent

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

DATE : March 22, 2017

This is to inform all DepEd teaching and non-teaching personnel to comply with the annual physical examination as per DepEd Memorandum No. 22, s. 2015.

Please be informed that the public medical doctor is authorized to sign for your Medical Health Examination Record.

School heads are advised to fill up the Consolidated Data of Chest X-ray Results and submit the Health Examination Record of all teaching and non-teaching personnel by school until April 10, 2017.

See the attached DepEd Memo, General Form 86, and template of Consolidated Chest X-ray Results for your perusal.

Widest dissemination of this memorandum is desired.

SGOD/ ANNUAL PHYSICAL EXAMINATION
DM- 086 /03-22-17

We are an emerging division where excellence is a habit and allegiance for quality is a pledge.

Email us at: tayabas.city@deped.gov.ph

Website: www.depedtayabascity.ph

tel. no. : (042) 797-0591

telefax no. : (042) 797- 0054), (042) 797-0773





Republic of the Philippines
Department of Education

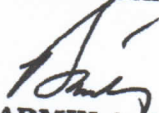
DepEd MEMORANDUM
No. **22**, s. 2015

19 MAR 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

References:

DepEd Memorandum No.: (30, s. 2014)

DepEd Order: No. (44, s. 2004)

To be indicated in the Perpetual Index
under the following subjects:

EMPLOYEES
HEALTH AND NUTRITION
PROGRAMS
SCHOOLS
TEACHERS

R: Alma DM annual physical examination of DepEd employees
0092 February 10/March 11/17, 2015

HEALTH EXAMINATION RECORD

NAME: _____ ADDRESS: _____

AGE: _____ SEX: _____

CIVIL STATUS: _____

1. Weight _____ Height _____

2. Respiratory System:

Fluoroscopy: _____

3. Circulatory System:

Blood Pressure

Systolic _____

Diastolic _____

Pulse _____

Agility Test _____

4. Digestive System:

5. Genitourinary System:

6. Skin:

7. Locomotive System:

DATE: _____

PLACE: _____

8. Eyes:

9. Color Perception :

10. Vision : F-TR

w/out glasses L _____

Near R _____

L _____

11. Ears :

12. Hearing :

13. Nose :

14. Throat :

15. Teeth and Gums :

16. Immunization :

17. Remarks:

18. _____

(Signature of Employee)_____
(Medical Examiner)



CONSOLIDATED DATA OF CHEST X-RAY RESULTS OF TEACHING AND NON-TEACHING PERSONNEL
SCHOOL YEAR 2016-2017

District: _____
School: _____

Name of Teacher (Surname, First Name, M.I.)	Age	Sex	Civil Status	Chest X-ray Result	Result of Sputum Exam (if pregnant only)	Remarks (Kindly indicate if there is a history of PTB)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Prepared by: _____

Noted by: _____

School Health Coordinator

Principal