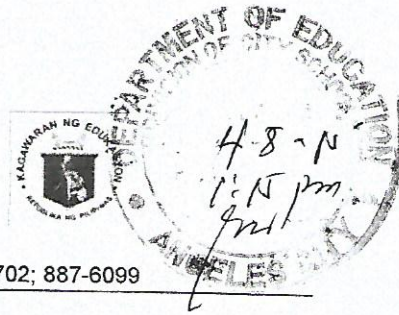




Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City

Jesus Street, Pulungbulu, Angeles City
Tel. No. (045) 322-5722; 888-0582 / Fax Nos. (045) 322-4702; 887-6099




April 6, 2015

DIVISION MEMORANDUM
No. 62 , s. 2015

ANNUAL PHYSICAL EXAMINATION OF TEACHING AND NON-TEACHING PERSONNEL

To: Division Supervisors
Division Personnel
District Supervisors
Public Elementary and Secondary Principals/School Heads
Teaching and Non-Teaching Personnel

1. Pursuant to DepEd Memorandum No. 22, s. 2015, 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. This is to ensure that all personnel are physically fit to perform their assigned roles and functions.
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 teacher's annual health clearance shall be based on the filled out **Form 86** (see attached form) or its equivalent health certificates provided by the TSEKAP physician.
6. All results based on **Form 86** (photocopy only) should be submitted to the Medical-Dental Section of this division on or before **May 30, 2015**. Pls. be advised that the submission deadline will be strictly followed, hence; everyone is enjoined to comply to avoid problems with regards to F211 and clearance submission.
7. All queries shall be directed to the Medical-Dental Section of this Division.
8. Wide dissemination of this Memorandum is desired.


NICOLAS T. CAPULONG, Ph.D., CESO V
Schools Division Superintendent

PERSONAL FORM NO 86

Department of Education, Culture and Sports
Region III
DIVISION OF CITY SCHOOLS
Angeles City

☒ Jesus Street, Pulungoulu, Angeles City
Tel. No. (045) 322-5722 / Fax No. (045) 322-4702

HEALTH EXAMINATION RECORD

Name: _____ Dept. _____
Date of Birth: _____ Sex: _____
Civil Status: _____ Type of Work: _____

1. Date Date: _____ Height: _____ cm. Age: _____ Weight: _____ lbs.	Date: _____ Height: _____ cm Age: _____ Weight: _____ lbs
2. Temperate: _____	_____
3. Respiratory System: _____	_____
4. Fluoroscopy: _____	_____
Sputum Analysis: _____	_____
Circulatory System: _____	_____
Blood Pressure: _____ Systolic: _____ Diastolic: _____	Systolic: _____ Diastolic: _____
Pulse: _____ Sitting: _____ Agility Test: _____	Sitting: _____ Agility Test: _____
After 3 min.: _____	After 3 min.: _____
5. Digestive System: _____	_____
6. Genite Urinary: _____	_____
7. Skin: _____	_____
8. Loco-Motor System: _____	_____
9. Nervous System: _____	_____
10. Eyes, On justice, etc.: _____	_____
11. Color Perception: _____	_____
12. Vision w/o glasses: Far _____ Near _____	Far _____ Near _____
with glasses: Far _____ Near _____	Far _____ Near _____
13. Ears: _____	_____
14. Hearing: _____ Right Ear: _____	Right Ear: _____
Left Ear: _____	Left Ear: _____
15. Nose: _____	_____
16. _____	_____
17. Teeth and Gums: _____	_____
18. Immunization: _____	_____
Date of: _____	_____
19. Remarks: _____	_____
20. Recommendation: _____	_____
21. Employees Signature: _____	_____
22. Physician Signature: _____	_____

TEACHER'S HEALTH CARD

Date: _____
 Name: _____ Date of Birth: _____ Age: _____ Gender: M F
 School/District/Division: _____ Civil Status: S M W S
 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)

Hypertension	[]	[]	Tuberculosis	[]	[]
Asthma	[]	[]	Surgical Operations (pls. specify)	[]	[]
Diabetes Mellitus	[]	[]	Yellowish discoloration of skin/sclera	[]	[]
Cardio Vascular Disease	[]	[]	Last hospitalization (reason)	[]	[]
Allergy (pls. specify) _____			Others (pls. specify) _____		

Last Taken	Date	Result	Date	Result
CXR/Sputum Result: _____	_____	_____	_____	_____
ECG _____	_____	_____	_____	_____
Urinalysis _____	_____	_____	_____	_____

Drug Testing: _____ Others: specify _____
 Neuropsychiatric exam: _____
 Blood Typing: _____

Social History

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

OB Gyn History (pls. encircle) (Female Teachers)

Menarche _____ Cycle _____ Duration _____
 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 1month 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 medications taken: (pls. specify) _____

Legend:	CXR	-Chest X-ray	PTB	-Pulmonary Tuberculosis
	ECG	-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: _____

[illegible][illegible]

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:	Conjunctivitis, etc.:	
	Color Perception:		
11	Vision:		
	With glasses:	Far:	Near:
	Without glasses:	Far:	Near:
12	Nose:		
13	Ear:		
14	Hearing:		
	Right:	Left:	Right:
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):		

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: Agility Test:	Sitting: Agility Test:	Sitting: Agility Test:
5	Digestive System:		
6	Genito-Urinary:		
	Urinalysis, etc.:		
7	Skin:		
8	Locomotor System:		
9	Nervous System:		
10	Eyes: Conjunctivitis, etc.:		
	Color Perception:		
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):		