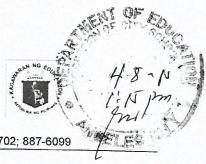


## Department of Education Region III DIVISION OF CITY SCHOOLS

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

- 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
- The teacher's annual health clearance shall be based on the filled out <u>Form 86</u> (see attached form) or its equivalent health certificates provided by the TSEKAP physician.
- All results based on <u>Form 86</u> (photocopy only) should be submitted to the Medical-Dental Section of this division on or before <u>May 30, 2015</u>. 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.
- Wide dissemination of this Memorandum is desired.

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

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

Jesus Street, Pulungbulu, 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 Wo    | ork:                   |
|  |  |               |                        |
| 1. Date Date: Height: Age: Weight: 2. Temperate:                                     | lbs.   | Age:          | Height: cm Weight: lbs |
| 3. Respiratory System:   |  |               |                        |
| 4. Fluoroscopy: Sputum Analysis: Circulatory System: Blood Pressure: Pulse: Sitting: |  |               |                        |
| Blood Pressure: Systolic:  | Diastolic:   | Systolic:     | Diastolic:             |
|  |  |               | Agility Test:          |
| After 3 min.:  |  | After         | 3 min.:                |
| 5. Digestive System:   |  |               |                        |
| 6. Genite Urinary:   |  |               |                        |
| 7. Skin:   | engan ngga angga gapan sa ang angga pang ang ang ang ang ang ang ang ang ang |               |                        |
| 8. Loco-Motor System:  | ·  |               |                        |
| 9. Nervous System:   |  |               |                        |
| 10. Eyes, On justice, etc.:  |  |               |                        |
| 11. Color Perception:  |  |               | Near                   |
| 12. Vision W/o glasses: Far  | Near   | rar           | Near                   |
| with glasses: Far  | Near   | Far           | Near                   |
| 13. Ears: 14. Hearing: Right Ea  |  | Dielet Car:   |                        |
| 14. Hearing. Right Ear   | ſ.   | - Right Car   |                        |
| In the first the first   | •  | # U/1 = U/1 . |                        |
| 15. Nose:  |  |               |                        |
| 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/Di                   | vision:           |  |                         |          |          |   | Civil Status: S M   |     |
| Position/Designati                   | ion:              | and the state of t |                         |          |          |   | Years in Service:   |     |
| Firşt Year in Servi                  | ice:              |  |                         |          |          |   |   |     |
| Family History                       | meism             | 1 1  | N                       |          |          | Specify Relati  |   |     |
| Cardiov                              | ascular Di        | sease [ ]  | 1 1                     |          | -        |   |   |     |
| Diabete                              | s Mellitus        |  | 1 1                     |          |          |   |   |     |
| Kidney                               | Disease           |  | 1 1                     |          |          |   |   |     |
| Cancer                               |                   | 11   | 1 1                     |          |          | · · · · · · · · · · · · · · · · · · ·                               |   |     |
| Asthma                               |                   | 1 1  | 1 1                     |          |          |   |   |     |
| Allergy                              |                   |  | [ ]                     |          |          | <b>.</b>  | AND ASSESSMENT OF PARTY OF THE |     |
|                                      |                   |  | . ,                     |          |          |   |   |     |
| Past Medical I                       |                   |  |                         |          |          |   |   |     |
| **                                   |                   |  | Y                       | N        | Tul      | 1   | Y   | N   |
| Hypertension                         |                   |  |                         | 1 1      | Tuber    | culosis   |   | İİ  |
| Asthma                               |                   |  |                         |          | Surgio   | culosis<br>cal Operations (pls. speci<br>wish discoloration of skin | Iy) [ ]   | 1 1 |
| Diabetes Mell                        |                   |  |                         |          | Yello    | wish discoloration of skin  | vsciera [ ]   |     |
| Cardio Vascu                         |                   |  | 1 1                     | l J      | Last     | nospitalization (reason)  | 1 1   | 1 ) |
| Allergy (pis. s                      | specify)          | Date Result  |                         |          | Om       | ners (pls. specify)   |   |     |
|                                      |                   |  | D                       | Tarkina  |          | Date Result   | Odb : C   |     |
| CXR/Sputum                           | Result: _         |  | Drug                    | resung   |          | am:   | Others: specify   |     |
| ECG                                  | _                 |  | Neuro                   | opsychia | atric ex | am:   |   |     |
| Urinalysis                           | -                 |  | B1000                   | d Typing | 3.       |   |   |     |
| Social History<br>Smoking<br>Alcohol | Y                 | N A  | ge started<br>ow often: | :        |          | Sticks/packs per day:<br>Food preference:                           | Pack per year:  |     |
| on o' III.                           | . 1               | : 1 ) (T - 1 T-  | 1                       |          |          |   |   |     |
| OB Gyn Histo                         | ry (pis. en       | circle) (Female Tea  | cners)                  | D.       |          |   |   |     |
| Menarche                             |                   | CycleF   | D 4                     | J) I     | uration  |   |   |     |
| Parity:<br>Papsmear dor              |                   | r<br>V   | N                       | if.      | VEC      | hen:  |   |     |
| Calc Deposit on                      | IC.<br>romination | done: Y  | NI NI                   | 11.      | ilo, w   | /HCII.  |   |     |
| Mass noted:                          | cammanon          | Y  | N                       | Sn       | ecify w  | here:   |   |     |
|                                      |                   | zital rectal examinat  |                         |          | v v      |   | d:  |     |
| For Male per                         | Somer. Di         | gitai iectai examina   | ion done.               |          | 1        | Result:   | ч.  |     |
|                                      |                   |  |                         |          |          |   |   |     |
| Present Health                       |                   |  | Y                       | N        |          |   | YN  |     |
|                                      | wks lmo           | nth longer   | rı                      | r 1      |          | Lumps Painful urination   |   | ]   |
| Dizziness                            |                   |  | 1 1                     | 1 1      |          |   |   | 1   |
| Dyspnea                              |                   |  | [ ]                     | 1 1      |          | Poor/loss of hearing  |   | ]   |
| Chest/Back p                         |                   |  | 1 1                     |          |          | Syncope/fainting  |   | Ţ   |
| Easy fatigabi                        |                   |  | [ ]                     |          |          | Convulsions   | 1 1 1   | ]   |
| Joint/extremi                        |                   |  |                         |          |          | Malaria   | 1 1 1   | i   |
| Blurring of v                        |                   |  |                         |          |          | Goiter  | 1 1 1   | ]   |
| Wearing eyeg                         |                   |  | i i                     | 1 1      |          | Anemia  | 1.11  | ]   |
| Vaginal disch                        |                   |  |                         | [ ]      |          | Others: (pls. specify)  |   |     |
| Dental Status                        |                   | cify)<br>en: (pls. specify)  |                         |          |          |   |   | ,   |
| Present medi                         | Cations tak       | en. (pis. specify)   |                         |          |          |   |   |     |
| Legend:                              | CXR               | -Chest X-ray   |                         | PTI      | 3 -P     | ulmonary Tuberculosis   |   |     |
|                                      | ECG               | -Electro-Cardio Gram   |                         | F        | -F       | ull Term  |   |     |
|                                      | Y                 | -Yes   |                         | P        | -P       | re-mature   |   |     |
|                                      | N                 | -No  |                         | A        | -A       | Abortion  |   |     |
|                                      | HPN               | -Hypertension  |                         | L        |          | ive Birth   |   |     |
|                                      | CVD               | -Cardio Vascular Disea   | se                      |          |          |   |   |     |
|                                      | DM                | -Diabetes Mellitus   |                         | Int      | erview   | ed by:  |   |     |
|                                      |                   |  |                         |          | ite:     |   |   |     |

### CONSULTATION AND TREATMENT RECORD:

| Date/Signature of<br>Attending Physician | Chief Complaint | Findings | Treatment/<br>Recommendation |
|--|-----------------|----------|------------------------------|
|  |                 |          |                              |
|  |                 |          | 2                            |
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|  | ,               |          |                              |
|  | 1               |          |                              |

# HEALTH EXAMINATION RECORD

CS Form 86

| Name:    |                             | Division;              | Dep  | Department:  |  |
|----------|-----------------------------|------------------------|--|--|--|
| le of    | Date of Birth:              | Type of Work:          | Sex  | c Civil Status:  | tus:   |
| 1 Date:  | (e):                        | Date:                  | Date:  | θ;   |  |
|          | Height                      | Height                 |  | Height   |  |
|          | Weight                      | Weight                 | S  | Weight   |  |
| 2 Ter    | Temperature:                |                        |  | toring to the Columnia of the columnia of the  |  |
| Res      | 3 Respiratory System:       |                        |  | designs of the second design and second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second designs of the second design of the secon | -  |
|          | Fluorography:               |                        |  |  |  |
| "        | Sputum Analysis:            |                        | The state of the s | a de la colonia  |  |
| Cir      | 4 Circulatory System:       |                        | A CALL MAN AND A CALL  | AND THE PROPERTY OF THE PROPER | un Efficientes Academics es audiblichmenten  |
| -        | Blood Pressure:             |                        |  | estamentario de 14 de calendario de como de co   |  |
| -        | Pulse:                      |                        |  | entre de l'article de la company de la company de la company de la company de la company de la company de la c   |  |
|          | Sitting: Agility Test:      | Sitting: Agility Test: | S  | Sitting: Agility Test  | it   |
| Dig      | 5 Digestive System:         |                        |  |  |  |
| Ger      | 6 Genito-Urinary:           |                        |  |  |  |
| -        | Urinalysis, etc.:           |                        | -  | der und des der der der der der der der der der der  | -  |
| 7 Skin:  | ı                           |                        |  | de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la   |  |
| 8        | 8 Locomotor System:         |                        |  |  |  |
| Ver      | 9 Nervous System:           |                        |  |  |  |
| 10 Eyes: | s: Conjunctivitis, etc.:    |                        | -  | American i marti mengana dalam pengananan dalam penganan dalam penganan dalam penganan dalam penganan dalam pe   |  |
| _        | or Perception:              |                        |  |  |  |
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| _        | Without glasses: Far: Near: | Without glasses: Far:  |  | es:  | Near:  |
| Nose:    | .e.;                        |                        |  |  |  |
| 13 Ear.  |                             |                        |  |  | The state of the s |
| ea       | 14 Hearing:                 |                        |  |  |  |
| 4        | Right: Left:                | Right: Left:           | ~  | Right: Left:   |  |
| Ĕ        | 15 Throat:                  |                        |  | A THE RESERVE THE PROPERTY OF  |  |
| 99       | 16 Teeth and Gums:          |                        |  |  |  |
| mm       | 17 Immunization:            |                        |  |  |  |
| en       | 18 Remarks:                 |                        |  | and present the second  |  |
| e        | 19 Recommendation:          |                        |  |  |  |
| E        | 20 Employee's Signature:    |                        |  |  |  |
| Ē        | Employee's Name (Print):    |                        |  | order of the substitute of designation of the substitute of the su |  |
| h.       | 21 Physician's Signature:   |                        |  |  |  |
| 240      | Physician's Name (Print):   |                        | AND THE PROPERTY OF THE PROPER | entrante susualmanumapament a entrante de la companya de la companya de la companya de la companya de la compa   | in the state of th |

## HEALTH EXAMINATION RECORD

| Value of Birth   Type of Work  |                       |               |
|--|-----------------------|---------------|
| Date:  | 0.                    | Division:     |
| Date:  Height Weight  Weight  Weight  Sitting: Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Agility Test:  Left:  Agility Test:  Agility Test:  Agility Test:  Left:  Left:  Left:  Agility Test:  | of Birth:             | Type of Work: |
| Height Weight Weight  Weight  Work  Agility Test:  Sitting: Agility Test:  Sitting: Agility Test:  Left: Vith glasses: Far:  Without glasses: Far:  Without glasses: Far:  Left: Right: Left:  | Date:                 | Date:         |
| Agility Test: Sitting: Agility Test:  Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  With glasses: Far:  ar: Near: Without glasses: Far:  Agility Test: Left:  Right: Left: Left:  | Height                | Height        |
| Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  With glasses: Far: er: Near: Without glasses: Far: er: Near: Without glasses: Far: ht):  Left: Right: Left:   | Weight                | Weight        |
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| Agility Test:  Agility Test:  Sitting: Agility Test:  Conjunctivitis, etc.:  In:  Near:  Near |                       |               |
| Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  Conjunctivitis, etc.:  Near: With glasses: Far:  Near: Without glasses: Far:  Right: Left:  Left: Left:   | Fluorography:         |               |
| Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  Conjunctivitis, etc.:  With glasses: Far: ar: Near: Without glasses: Far: ar: Near: Without glasses: Far: ar: Left: Left:   | Sputum Analysis:      |               |
| Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  Conjunctivitis, etc.:  With glasses: Far:  ar: Near: Without glasses: Far:  ar: Near: Without glasses: Far:  Agility Test:  Right: Left: Left:  | Cir                   |               |
| Agility Test:  Agility Test:  Sitting: Agility Test:  Conjunctivitis, etc.:  Agility Test:  With glasses: Far:  ar: Near: Without glasses: Far:  Eff: Right: Left: Left: Left:  Right: Left:  Right: Left: Left:  Right: Left: | Blood Pressure:       |               |
| Agility Test: Sitting: Agility Test:  Conjunctivitis, etc.:  Conjunctivitis, etc.:  Near: With glasses: Far: er: Near: Without glasses: Far: 11):  Left: Left: Left:   | Pulse:                |               |
| Conjunctivitis, etc.:  Near: With glasses: Far:  Ar: Near: Without glasses: Far:  Ar: Right: Left:  Left: Left:  | Sitting:              |               |
| Conjunctivitis, etc.:  Ar:  Near:  Near:  With glasses:  Far:  Without glasses:  Far:  Ar:  Right:  Left:  Left:   | 5 Digestive System:   |               |
| Conjunctivitis, etc.:  Ar: Near: With glasses: Far:  Ar: Near: Without glasses: Far:  Ar: Right: Left:  Left: Left:  | 6 Genito-Urinary:     |               |
| Conjunctivitis, etc.:  Ar:  Near:  Near:  With glasses: Far:  Without glasses: Far:  Efft:  Right:  Left:  Left:   | Urinalysis, etc.:     |               |
| Conjunctivitis, etc.:  ar: Near: With glasses: Far: Without glasses: Far:  Right: Left: Left:  11):  | 7 Skin:               |               |
| Conjunctivitis, etc.:  ar:  Near:  Ne | 8 Locomotor System:   |               |
| ar: Near: With glasses: Far: ar: Near: Without glasses: Far: Left: Right: Left: Left: Left:  | us System:            |               |
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| Left: Right:   | 4 Hearing:            |               |
| 5 Throat: 6 Teeth and Gums: 7 Immunization: 8 Remarks: 9 Recommendation: 9 Recommendation: 1 Physician's Signature: 1 Physician's Signature: 1 Physician's Name (Print):   |                       |               |
| 6 Teeth and Gums: 7 Immunization: 8 Remarks: 9 Recommendation: 1 Employee's Signature: 1 Physician's Signature: Physician's Name (Print):  | 5 Throat:             |               |
| 7 Immunization: 8 Remarks: 9 Recommendation: 0 Employee's Signature: Employee's Name (Print): 1 Physician's Signature: Physician's Name (Print):   | 6 Teeth and Gums:     |               |
| 8 Remarks: 9 Recommendation: 10 Employee's Signature: Employee's Name (Print): 11 Physician's Signature: 12 Physician's Name (Print):  | 7 Immunization:       |               |
| 9 Recommendation: 0 Employee's Signature: Employee's Name (Print): 1 Physician's Signature: Physician's Name (Print):  | 8 Remarks:            |               |
| Employee's Signature:  Employee's Name (Print):  Physician's Signature:  Physician's Name (Print):   | Recommendation:       |               |
| Employee's Name (Print):  Physician's Signature:  Physician's Name (Print):  | Employee's Signature: |               |
| _  | _                     |               |
|  |                       |               |