Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City
Jesus Street, Pulung bulu, Angeles City
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August 1, 2018

Division Memorandum
No. 324 S. 2018

REVISED HEALTH EXAMINATION CARDS for K to 12 LEARNERS

To: Heads of Public Elementary and High School

1. In compliance to DepED order no 028, s. 2018 on Policy and Guidelines on Oplan Kalusugan sa Department of Education for the provision of basic primary medical/nurses/dental care, the BLSS School Health Division issued the revised health examination card for K – 12, in order to generate information in the health and nutrition records of all learners as a basis for planning and programing.

2. Attached is the health examination card for Elementary and High School for your information and guidance.

**Health Examination Card Specifications:

a. Hard bound
b. 8.4 x 11.2 inches (size)

3. Any question or clarification relative to this memorandum shall be directed to School Health and Nutrition Section.

4. For strict and immediate compliance.

LEILANI S. CUNANAN, CESO V
Office of the Schools Division Superintendent

/hnssbfp2018

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
BUREAU OF LEARNER SUPPORT SERVICES - SCHOOL HEALTH DIVISION
Pasig City

SCHOOL HEALTH EXAMINATION CARD - ELEMENTARY

Name: _____ School ID: _____
Last First Middle

LRN: _____

Date of Birth: _____ Region: _____
Month Day Year

Birthplace: _____ Division: _____

Parent/Guardian: _____ Telephone No.: _____

Address: _____

	Kinder/ SPED	Grade 1/ SPED	Grade 2/ SPED	Grade 3/ SPED	Grade 4/ SPED	Grade 5/ SPED	Grade 6/ SPED
	Findings	Findings	Findings	Findings	Findings	Findings	Findings
Date of Examination							
Temperature/BP							
Heart Rate/Pulse Rate/Respiratory Rate							
Height (in cm)							
Weight (in kg)							
Nutritional Status (NS) (BMI/Wt-for-Age)							
Nutritional Status (NS) (Height-for-Age)							
Vision Screening using appropriate chart							
Auditory Screening (Tuning Fork)							
Skin/ Scalp							
Eyes/Ears/Nose							
Mouth/Throat/Neck							
Lungs/Heart							
Abdomen							
Deformities							
Iron Supplementation (√ or X)							
Deworming (√ or X)							
Immunization (Specify what kind)							
SBFP Beneficiary (√ or X)							
4Ps Beneficiary (√ or X)							
Menarche (√ the Start)							
Others, specify							
Examined by:							

LEGEND:

NS	Vision/ Auditory Screening	Skin/Scalp	Eye/Ear/Nose	Mouth/Neck/Throat	Lungs/Heart	Abdomen	Deformities
a. Normal Weight	a. Passed	a. Normal	a. Normal	a. Normal	a. Normal	a. Normal	a. Acquired
b. Wasted/ Underweight	b. Failed	b. Presence of Lice	b. Stye	b. Enlarged tonsils	c. Rales	b. Distended	b. Congenital (Specify)
c. Severely Wasted/Underwt		c. Redness of Skin	c. Eye Redness	c. Presence of lesions	d. Wheeze	c. Abdomnial Pain	
d. Overweight		d. White Spots	d. Ocular Misalignment	d. Inflamed pharynx	e. Murmur	d. Tenderness	
e. Obese		e. Flaky Skin	E. Pale Conjunctiva	e. Enlarged lymphnodes	h. Irregular heart rate	e. Dysmenorrhea	
f. Normal Height		f. Impetigo/ boil	f. Ear discharge	f. Others , specify	i. Others, specify	f. Others, Specify	
g. Stunted		g. Hematoma	g. Impacted cerumen				
h. Severely Stunted		h. Bruises/ Injuries	h. Mucus discharge				
i. Tall		i. Itchiness	i. Nose Bleeding (Epistaxis)				
		j. Skin Lessions	j. Eye dischrge				
		k. Acne/Pimple	k. Matted Eyelashes				

Note: Use Letter to record ailments and Place X if not examined

INTERVENTION/TREATMENT RECORD

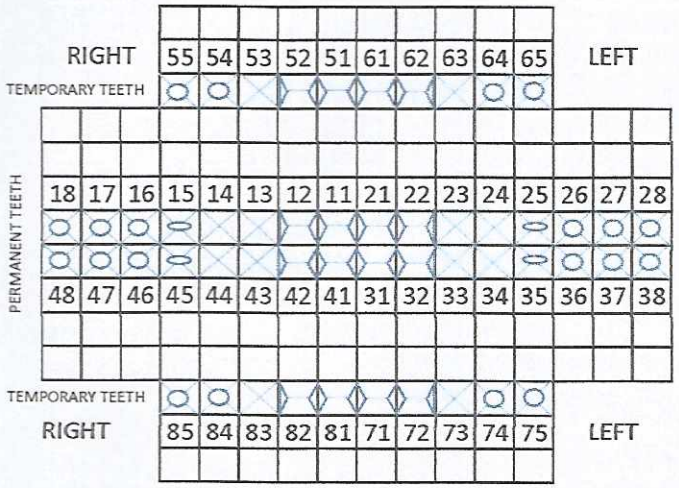
Date	Chief Complaint	Intervention/Treatment Done	Remarks	Attended by (Name/Position)

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
BUREAU OF LEARNER SUPPORT SERVICES- SCHOOL HEALTH DIVISION
Pasig City

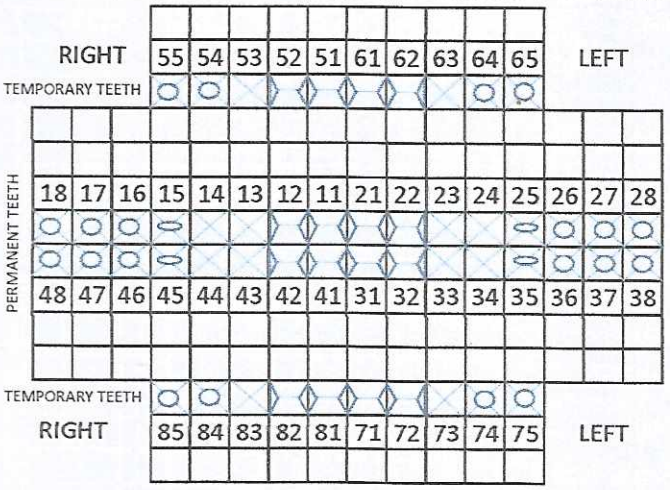
SCHOOL ORAL HEALTH EXAMINATION CARD - ELEMENTARY

Name: _____ School ID: _____
Last First Middle
LRN: _____
Date of Birth: _____ Region: _____
Month Day Year
Birthplace: _____ Division: _____
Parent/Guardian: _____ Telephone No.: _____
Address: _____

KINDER S.Y. _____



GRADE 1 S.Y. _____



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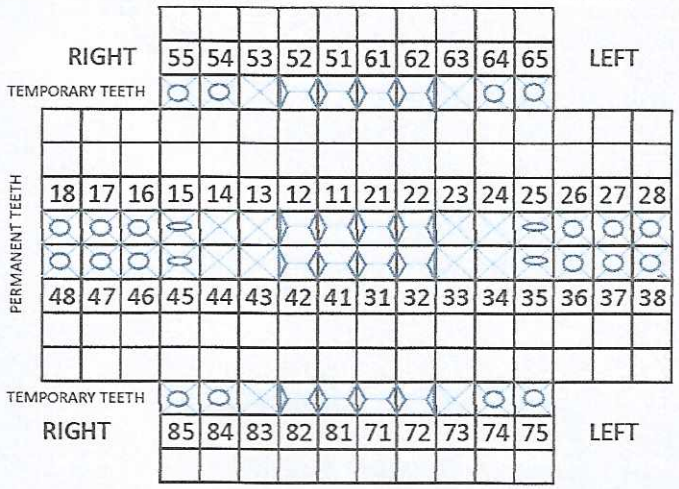

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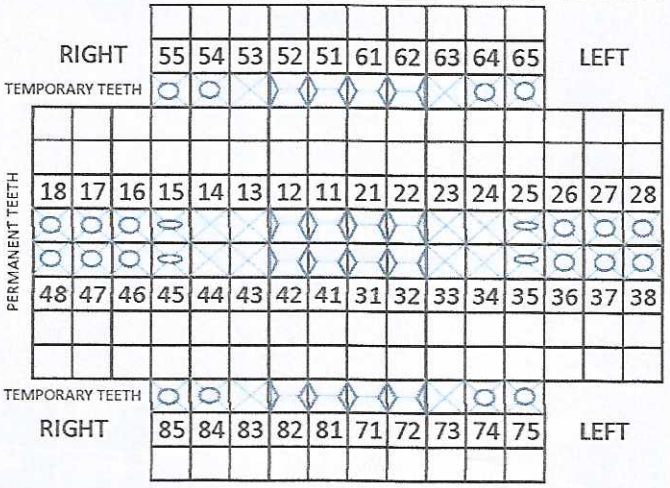

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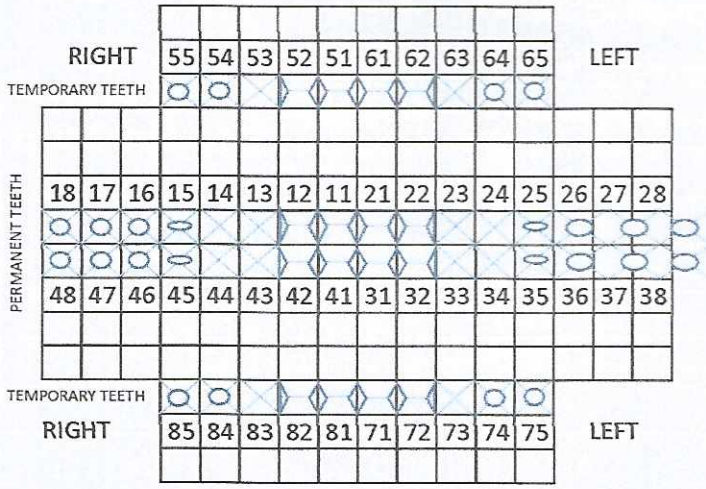

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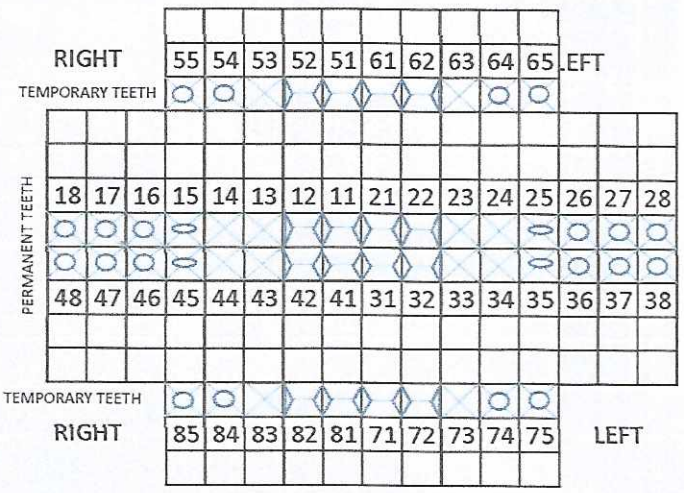
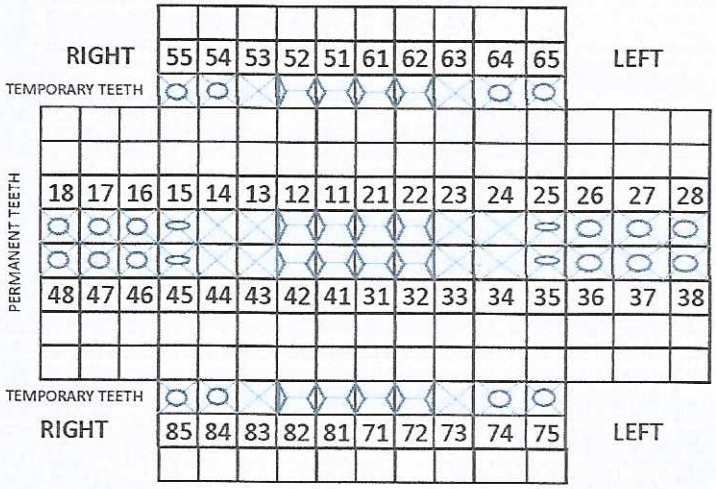


GRADE 6 S.Y. _____

ORAL HEALTH CONDITION



	K	1	2	3	4	5	6
Gingivitis							
Periodontal Disease							
Malocclussion							
Supernumerary teeth							
Retained decidous teeth							
Decubital ulcer							
Calculus							
Cleft lip / palate							
Root fragment							
Fluorosis							
Others, Specify							

TEMPORARY TEETH — dft index

	Kinder	1	2	3	4	5	6
Index d.f.t.							
No. T / decayed							
No. T / filled							
Total d.f.t.							
For Extraction							
For Filling							
Total Sound teeth							

PERMANENT TEETH

	K	1	2	3	4	5	6
Index D.M.F.T.							
No. T / decayed							
No. T / Missing							
No. T. / Filled							
Total D.M.F.T.							
For Extraction							
For Filling							
Total Sound teeth							

SYMBOL FOR MOUTH EXAMINATION

X	Carious tooth indicated for extraction	(✓)	Sound/erupted Permanent tooth	FB	Fixed Bridge
D	Carious tooth indicated for filling	PFS	Pit and Fissure Sealant	CD	Complete Denture
RF	Root fragment	JC	Jacket Crown	GI	Glass Ionomer
M	Missing tooth	PFS	Pontic	CO	Composite
F2	Permanently filled tooth with recurrence of decay	RPD	Removable Partial Denture	AM	Amalgan

INTERVENTION/TREATMENT RECORD

Date	Chief Complaint	Intervention/Treatment Done	Remarks	Attended by (Name/Position)