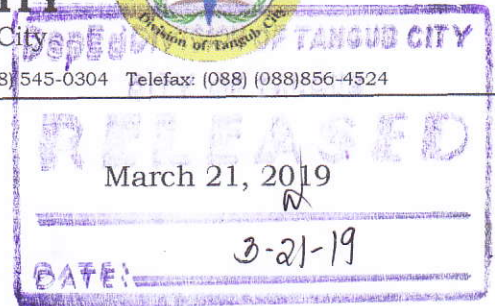




Republic of the Philippines
Department of Education
Region X – Northern Mindanao
DIVISION OF TANGUB CITY
Anecito Siete St., Mantic, Tangub City



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DIVISION MEMORANDUM
No. 77 , s. 2019

2019 ANNUAL PHYSICAL EXAMINATION OF TEACHING AND NON-TEACHING PERSONNEL

TO: **Chief Education Supervisors (CID/GOD)**
Education Program Supervisors
Senior Education Specialist/Education Program Specialist
Public Elementary / Secondary Head Teachers/TIC
Teaching and Non-teaching Personnel
This Division

1. The Civil Service Commission Memorandum Circular #17, s. 1989 states that All DepEd Teaching and Non-Teaching Personnel shall undergo annual physical examination.
2. The Annual Physical Examination shall be conducted to ensure that employees are physical fit to perform their assigned roles and functions to give quality, healthy and safe services as public servant.
3. All DepEd Employees are required to undergo Laboratory or Diagnostic test which includes:
 - A. Complete Blood Count (CBC), Urine Analysis, standard Chest X-Ray (except for pregnant women). Pregnant women are required to submit Sputum Analysis in lieu of Chest X-ray.
4. All Teaching and non-teaching personnel are obliged to submit Chest X- ray (within six (6) months from the time of examination), Urinalysis and Complete Blood Count (CBC) (within one (1) from the time of examination) during the annual physical examination.
5. Oral Dental Examination is also required to all personnel as part of Annual Dental Clearance.
6. FORM 86 will be utilized in accordance to DepEd Memorandum No. 22 s. 2015.
7. Annual Health Examination (FORM 86) and Laboratory result (Original copy) will be submitted to Division Health and Nutrition Section per school.
8. For your information and strict compliance.

JEAN G. VELOSO
OIC, Schools Division Superintendent

JGV/wtm/03-21-19

Relevant, inclusive and liberating basic education builds a strong nation



GENERAL FORM 86

Date: _____

HEALTH EXAMINATION RECORD

A. GENERAL INFORMATION

Name: _____
 Place of Birth: _____
 Age: _____ Sex: _____
 District: _____
 School: _____

Department: _____
 Date of Birth: _____
 Civil Status: _____
 Type of Work: _____
 Years in Service: _____

B. HEALTH STATUS:

Height (Cm.) _____
 Temperature: _____

Weight (kg.) _____

Respiratory System:

Respiratory Rate: _____
 Throat: _____
 Ear: _____
 Hearing: Right Ear: _____
 Chest X-ray: _____

Pulse Rate: _____
 Tongue: _____
 Nose: _____
 Left Ear: _____
 Sputum: _____

Circulatory System:

Blood Pressure: Systole: _____
 Heart Rate: _____
 CBC: _____

Diastole: _____
 Blood Type: _____

Digestive System:

Mouth: _____

Teeth & Gums: _____

Reproductive System:

Urinalysis: _____

Skin: _____

Nervous System:

Eye Conjunctiva: _____
 Locomotor: _____
 Vision: Without Eyeglasses: _____

Color Perception: _____

With Eyeglasses: _____

Immunization: _____

REMARKS: _____

RECOMMENDATION: _____

Date: _____

Physician/ Medical Officer
 (Signature over Printed Name)
 License No. _____
 PTR: _____