

April 26, 2021

DIVISION MEMORANDUM
No. **83**, s. 2021

**ANNUAL PHYSICAL EXAMINATION OF DepEd EMPLOYEES
TEACHERS AND NON-TEACHING PERSONNEL FY: 2021**



To : **Schools Division Superintendent**
Asst. Schools Division Superintendent
Chief, Curriculum Implementation Division (CID)
Chief, School Governance Operating Division (SGOD)
Office of the Schools Division Superintendent (OSDS)
Elementary & Secondary School Heads
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 the employee is physically fit to perform their assigned roles and functions, give quality, healthy and safe services as public servant.
3. All DepEd Employees are required to undergo Laboratory or Diagnostic test which includes: Complete Blood Count (CBC), Urine Analysis, standard Chest X-Ray (except for pregnant women).
4. All teaching and non-teaching personnel are directed to submit their Chest X-ray result (within six (6) months from the time of examination), Urinalysis and Complete Blood Count (CBC) (within one (1) month from the time of examination) during the annual physical examination.
5. Attached herewith Form 86 will be utilized in accordance to DepEd Memorandum No. 22 s. 2015, the Division Medical Officer will be the one to sign the said form.
6. Results of Chest X-ray, CBC and Urinalysis shall be attached to Form 86 following the Privacy Act of 2012 for Diagnostic Laboratory Assessment and medical check-up by the Division Medical Officer.
7. Oral Dental Examination is also required to all personnel as part of Annual Dental Clearance.
8. Please comply with IATF protocols and strict minimum health standards during the diagnostic and laboratory test at your chosen laboratory clinics and also during medical check-up such as:
 - a. Physical distancing of 1-2 meters apart
 - b. Coughing etiquette
 - c. Wearing office mask and face shield
 - d. Bringing of own ball pen





9. Schedule for medical check-up and dental examination: **Monday, Wednesday & Friday from 8:30am to 4:30pm** -all teaching and non-teaching personnel can visit, open to all district.
10. For your information and strict compliance.


AGUSTINES E. CEPE.CESO V
Schools Division Superintendent 

Reference:
DepEd Regional Memorandum: No. 31, s 2009
Allotment: 4-(R.O.1-02)
To be indicated in the Perpetual Index
Under the following subjects:
HEALTH CLEARANCE
HEALTH EDUCATION
HEALTH INTERVENTION

AEC/wtm/04-26-2021





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: _____