



Republic of the Philippines
Department of Education
Region XII

Tayo

CITY SCHOOLS DIVISION OF TACURONG
City of Tacurong

DIVISION MEMORANDUM

SGOD No. 12, s. 2019

TO: **OIC- ASDS**
Chiefs, CID and SGOD
Education Program Supervisors
Cluster Heads
Elementary and Secondary School Heads
(PUBLIC)
This Division

FROM: **LEONARDO M. DALALA, CESE**
Schools Division Superintendent

SUBJECT: **ANNUAL PHYSICAL EXAMINATION/ASSESSMENT OF DEPED PERSONNEL**

DATE: April 23, 2019

1. Relative to DepEd Memorandum No. 2018-0292 re Annual Physical Examination of DepEd Teaching and Non-Teaching Personnel and Civil Service Commission Memorandum Circular No. 17, s. 1989, please be informed of the schedule of your Annual Physical Examination from April 1, 2019 to May 31, 2019 which will be done at the Health and Nutrition Office of the City Schools Division of Tacurong or the City Health Office of Tacurong in the absence of the Division Medical Officer for maternity leave. Please bring your laboratory results (Chest X-ray, CBC and Urinalysis) together with your Annual Physical Examination form. Accomplished forms will then be part of your clearance from your respective school heads.
2. Hence, all DepEd Personnel are required to undergo Annual Physical Examination.
3. School Heads are enjoined to facilitate and make sure that all personnel under their respective schools shall undergo the physical examination.

4. For inquiries, please contact the Health and Nutrition Section attention: Catherine Joy B. Quirog, RN through text messaging to mobile no. 09551027167 and April Jane L. Duadua, RN to mobile no. 09295443707.
5. Wide dissemination of this Memorandum to all concerned is desired.

Republic of the Philippines
Department of Education
HEALTH AND NUTRITION CENTER

**ORAL HEALTH EXAMINATION RECORD FOR TEACHING
AND NON-TEACHING PERSONNEL**

Name: _____ Age: _____ Gender: _____
Date of Birth: _____ Marital Status: _____
Region: _____ Division: _____ District: _____ School: _____
Designation: _____

Medical History:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Cardio Vascular Dis. | <input type="checkbox"/> Asthma | |

DENTITION STATUS

Please Specify

INDEX : DMFT

Status

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		

Status

No. of T/Decayed	X -
	P -
No. of T/Missing	
No. of T/Filled	
Total	

TREATMENT RECORD

DATE	TOOTH NO.	NATURE OF OPERATION	REMARKS	DENTIST

Periodontal Condition:

- Normal
- Gingivitis
- Periodontal Disease

Other Abnormal Conditions _____

DENTAL PROSTHESES

Denture wearer Y N

Please Specify: _____

Need for Denture: Y N

Please Specify: _____

Remarks: _____

Remarks: _____

Remarks: _____

Please Specify

SYMBOLS FOR MOUTH EXAMINATION

- | | |
|--|--|
| X - Carious tooth indicated for extraction | F2 - Permanently filled tooth with recurrence of decay |
| F - Carious tooth indicated for filling | Heavy Shade - Permanent filling |
| RF - Root fragment | Outline of filling - tooth w/ temporary filling |
| O - Missing tooth | |

Artificial Restoration:

- JC - Jacket Crown
AB - Abutment
P - Pontic
I - Inlay
RPD - Removable Partial Denture
FB - Fixed Bridge
CD - Complete Denture

SYMBOLS FOR ACCOMPLISHMENT

- | | |
|--------------------------------|---------------------------------|
| OP - Oral Prophylaxis | ZnO F - Zinc Oxide Filling |
| X1 - Extracted permanent tooth | R - Referred to private dentist |
| Ag F - Amalgam Filling | |
| Sy F - Synthetic porcelain | |
| GIC - Glass Ionomer Cement | |