Republic of the Philippines
Department of Education
Region XII
Schools Division Office of Tacurong City

September 21, 2026

DIVISION MEMORANDUM
SGOD-2026-162

FOURTH QUARTER SCHEDULE FOR THE CONDUCT OF LEARNERS' HEALTH ASSESSMENT AND SCREENING (LHAS) IN SCHOOLS

TO: Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation and
Schools Governance and Operations Division
Cluster Heads
School Heads
Elementary and Secondary Schools (public)
This Division

1. In support of the continuing implementation of the OK sa DepEd Program, which promotes the health and well-being of learners, the Schools Division Office of Tacurong City, through the School Health and Nutrition Section, announces the **Fourth Quarter Schedule of Learner's Health Assessment and Screening**.

2. Learner's Health Assessment and Screening is an integral component of these services, delivered and/or coordinated by School Health and Nutrition (SHN) Personnel as part of the implementation of Oplan Kalusugan sa Deped (OK sa DepEd).

3. The Learner's Health Assessment and Screening (LHAS) includes:

- ✓ Medical history review;
- ✓ Height and weight measurement;
- ✓ Nutritional status assessment;
- ✓ Vision screening;
- ✓ Hearing screening;
- ✓ Oral health assessment;
- ✓ Blood pressure measurement, when indicated;
- ✓ Mental health and psychosocial screening, where applicable; and
- ✓ Other health assessments prescribed under existing DepEd and Department of Health guidelines.

4. School heads shall ensure that parents or guardians accomplish and submit the necessary consent forms prior to the scheduled assessment.

5. The School Health and Nutrition Section shall consolidate the results of the Learner's Health Assessment and Screening for program planning, monitoring, and submission to the Regional Office and other concerned offices, as required.

6. Enclosed is the schedule for the conduct of Learner's Health Assessment and Screening, together with a copy of parental consent form, for reference and guidance.

Address: Alunan Highway, Poblacion, Tacurong City 9800
Telephone Numbers: (064)-200-6316; 0919-065-6425
Email: tacurong.city@deped.gov.ph
Website: depedtacurong.org

6. For queries, concerns, or verification, please directly contact the nurse assigned to your cluster.

7. Immediate dissemination of and this Memorandum is directed.

CARLOS G. SUSARNO, PH.D., CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

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Enclosure to the DM SGOD No. 162, 2026

FOURTH QUARTER SCHEDULE FOR THE CONDUCT OF LEARNERS' HEALTH ASSESSMENT AND SCREENING (LHAS) IN SCHOOLS

OCTOBER 2026

Name of School	Target Learners	Date of Activity	Contact Person
Maria A. Montilla Memorial Elementary School	Kinder – Grade 2	October 06, 2026	**April Jane L. Duadua, RN** ☎09295443707
Abang Suizo Integrated School	Kinder – Grade 2 Grade 7	October 08, 2026	
Lancheta Magallon Elementary School	Kinder – Grade 2	October 14, 2026	**Catherine Joy Q. Maratas, RN** ☎09551027167
Elisa P. Bernardo Memorial Elementary School - Main	Kinder – Grade 6	October 20, 2026	
Upper Katungal National School	Grade 7- Grade 8	October 21, 2026	**Jonalee Y. Arquiza, RN** ☎09691882995
San Pablo National High School	Grade 7 – Grade 8	October 22, 2026	
Casilda P. Venue Elementary School	Kinder – Grade 6	October 27, 2026	**April Jane L. Duadua, RN** ☎09295443707
Amado Fernandez Sr. Central School	Kinder – Grade 2	October 28, 2026	

NOVEMBER 2026

Name of School	Target Learners	Date of Activity	Contact Person
J. Hector Lacson Elementary School	Kinder – Grade 3	November 03, 2026	**Catherine Joy Q. Maratas, RN** ☎09551027167
Jose V. Lagon Sr. Elementary School	Kinder – Grade 2	November 04, 2026	
Rajah Muda National High School	Grade 7 – Grade 8	November 10, 2026	**Jonalee Y. Arquiza, RN** ☎09691882995
San Emmanuel Elementary School	Kinder – Grade 3	November 11, 2026	**April Jane L. Duadua, RN** ☎09295443707
Pedregosa Acosta Elementary School	Kinder – Grade 3	November 17, 2026	
Rajah Muda Elementary School - Main	Kinder – Grade 3	November 18, 2026	**Catherine Joy Q. Maratas, RN** ☎09551027167
Dr. Manuel Griño Memorial Elementary School	Kinder – Grade 2	November 24, 2026	**April Jane L. Duadua, RN**

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Buenaflor Elementary School	Kinder – Grade 3	November 25, 2026	☎09295443707

DECEMBER 2026

Name of School	Target Learners	Date of Activity	Contact Person
Tacurong Pilot Elementary School	Kinder	December 02, 2026	**Jancee N. Riveral, RN** ☎09519548573
	Grade 1	December 09, 2026	
		December 10, 2026	
Tacurong National High School	Grade 8	December 15, 2026	**Jonalee Y. Arquiza, RN** ☎09691882995
Apolinario S Bernardo National High School	Grade 9	December16, 2026	

CONSENT FORM FOR LEARNERS' HEALTH ASSESSMENT AND SCREENING

Date: _____

I. Data Privacy Notice

The Department of Education (DepEd) shall engage in the collection of health/medical information for the purposes of tracking, provision of necessary health/medical interventions, and educational purposes. This information shall be processed in accordance with the provisions of the Data Privacy Act and the Data Privacy Policies of the Department.

This information shall be stored and held confidentially in accordance with the provisions of the Basic Education Act and may only be shared with other government agencies or third parties subject to Data sharing agreements and data privacy requirements for legitimate purposes only.

For inquiries, requests and concerns regarding your data privacy rights, please contact the data privacy compliance officer, team of the school, schools division office or regional office concerned.

By affixing my signature at the end of this document, I hereby consent and authorize the Department of Education to use, collect, and process the information for the purposes of the above stated.

II. Components of Learner Health Assessment and Screening (LHAS)

Nutritional Assessment

Determining the height and weight of Kinder to Grade 6 learners to get their nutritional status as basis for inclusion to the School-Based Feeding Program (SBFP).

Health history intake and general head-to-toe assessment

Recording of past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, immunization status, and other relevant information.

General head-to-toe assessment is a thorough overall examination performed by health personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor hygiene practices, and provide health education.

Vision screening

A non-diagnostic procedure aimed at early detection and management of vision problems among learners. This may be done by teachers (for Kindergarten learners and non-readers) and non-teaching personnel (for Grades 1 and 7) who have received appropriate training, school health personnel, or local partners.

Hearing screening

A non-diagnostic procedure intended to identify learners who may require further evaluation and management by appropriate healthcare professionals.

Oral health assessment

Evaluation of the oral cavity, conducted by licensed dentists, including inspection of the teeth, gums, and other oral tissues to identify dental and other oral health concerns.

Universal mental health and psychosocial screening and assessment

In compliance with "Republic Act (RA) 11036 or the "*Mental Health Act*", Universal mental health screening refers to the systematic assessment of learners based on their school performance, behaviors, and social-emotional functioning. Psychosocial screening aims to identify risk factors that may affect a learner's mental health, emotions, or interactions with other people. It is intended to prevent the learner's condition from worsening and to provide immediate intervention if necessary. The purpose of screening is not to provide clinical diagnosis of mental disorders, but to identify at-risk learners and provide early intervention and support, or referral for specialized help if needed.

Psychosocial assessment is a guided, semi-structured interview conducted by the School Counselors and/or other trained personnel on learners who will be identified as "at-risk."

III. Consent to Health Assessment and Screening

I, _____ (Full name), the parent/ parent - substitute/ legal guardian of _____ (Full name of learner), _____ years old, Male/Female, _____ (Age) learner (Sex) in _____ (Grade level) _____ (Name of school) have been properly and fully informed about the details of the learners' health assessment and screening. I understand that participation is voluntary and choosing whether to participate or not will have no effect on the grade, treatment, or care of my child/ward. I am aware that non-participation may lead to my child/ward being unable to join certain programs and services that require the information collected in the procedures listed above.

By affixing my signature below, I hereby state that:

Please mark the space with a (√) and place your signature at the end of this document.

	I CONSENT for my child/ward to undergo the following assessments/screening:	**I DO NOT CONSENT** for my child/ward to undergo the following assessments/screening:
Nutritional Assessment		
Health history intake and general head-to-toe assessment		
Vision screening		
Hearing screening		
Oral health assessment		
Universal mental health and psychosocial screening and assessment		
Signature above Printed Name (Parent/parent-substitute/legal guardian)		*Date*

LEARNER'S ASSENT FORM FOR HEALTH ASSESSMENT AND SCREENING

I have been informed of the details of the Learner Health Assessment and Screening and that my parent/parent-substitute/guardian has given permission for me to participate. My participation is voluntary and I have been told that I may stop my participation at any time. I understand that If I choose to participate or not, will not affect my grade, treatment, or care in any way, except in activities that require the information collected in the procedures listed above.

_____ *Signature above Printed Name (Learner)*

_____ *Date*

PAHINTULOT NG MAGULANG PARA SA HEALTH ASSESSMENT AT SCREENING

Petsa: _____

I. Data Privacy Notice

Ang Department of Education (DepEd) ay mangongolekta ng impormasyong pangkalusugan/medikal para sa mga layunin ng pagsubaybay, pagbibigay ng kinakailangang mga interbensyon, at mga layuning pang-edukasyon. Ang mga impormasyong ito ay ipoproseso alinsunod sa mga probisyon ng Data Privacy Act at ng Data Privacy Policy ng DepEd.

Ang impormasyong ito ay mananatiling kumpidensyal alinsunod sa mga probisyon ng Basic Education Act at maaari lamang ibahagi sa ibang mga ahensya ng gobyerno o mga ibang partido na napapailalim sa Data Sharing Agreement para sa mga lehitimong layunin lamang, alinsunod sa mga alituntunin ng data privacy.

Para sa mga katanungan, kahilingan, at alalahanin tungkol sa iyong mga karapatan sa privacy ng data, mangyaring makipag-ugnayan sa data privacy compliance officer, team ng paaralan, schools division office, o regional office na kinauukulan.

Sa pamamagitan ng aking paglagda, pinahihintulutan ko ang DepEd na gamitin, kolektahin, at iproseso ang impormasyon para sa mga layuning nakasaad sa itaas.

II. Mga Bahagi ng Health Assessment at Screening

Nutritional Assessment

Pagsukat ng tangkad at timbang ng mag-aaral upang makuha ang kanyang nutritional status.

Health History Intake and General Head-to-toe Assessment

Pagtatala ng impormasyong medikal (tulad ng allergy, sakit, nakaraang operasyon/pagka-ospital), impormasyong medikal ng pamilya, kasaysayan ng paninigarilyo/vaping, kamay na panulat, status ng pagbabakuna, at iba pang nauugnay na impormasyon.

Ang pangkalahatang assessment ay isang masusing pagsusuri na isinagawa ng mga health personnel upang makita ang mga sintomas ng karamdaman, madetetekta ang mga kakaibang katangian sa pisikal na anyo o sa pagkilos, masubaybayan ang kalinisan ng mag-aaral, at magbahagi ng kaalaman na nauukol sa kalusugan.

Vision screening

Layunin ng pagsusuring ito ang maagang pagtuklas at pamamahala ng mga problema sa mata ng mga mag-aaral. Hindi nito layuning magbigay ng diagnosis. Ito ay at maaaring gawin ng mga guro (para sa Kindergarten at hindi pa nakababasa) at iba pang empleyado ng DepEd (para sa iba pang baitang) na nakatanggap ng angkop na pagsasanay, health personnel, o mga lokal na katuwang.

Hearing screening

Layunin ng pagsusuring ito na tukuyin ang mga mag-aaral na maaaring mangailangan ng komprehensibong pagsusuri ng tenga at pandinig o karagdagang pamamahala mula sa espesyalista.

Oral health assessment

Pagsusuri sa bunganga na isinasagawa ng mga lisensyadong dentista. Kasama rito ang inspeksyon sa mga ngipin, gilagid, at iba pang bahagi ng bibig upang matukoy ang mga sirang ngipin at iba pang mga sakit sa bunganga.

Universal mental health and psychosocial screening and assessement

Ang "Universal Mental Health Screening" ay isang paraan ng regular at sistematikong pagsuri sa kalagayan ng mga mag-aaral pagdating sa kanilang pag-aaral, asal, at pakikitungo sa kapwa. Layunin nitong matukoy kung sino ang posibleng may pinagdaraanan o maaaring magkaroon ng problema sa pag-iisip o emosyon (mental health) upang sila ay maagang mabigyan ng nararapat na tulong. Ito ay sa pamamagitan ng suporta, paggabay, o pag-refer sa espesyalista kung kinakailangan.

Ang "Psychosocial Screening" ay layuning matukoy kung may posibleng mga problema o panganib na maaring makaapekto sa pag-iisip, damdamin o pakikitungo sa ibang tao ang isang mag-aaral. Ito ay upang maiwasan ang paglala ng kondisyon ng mag-aaral, at makapagbigay ng agarang tulong ayon sa kanyang pangangailangan.

Hindi layunin ng screening na magbigay ng tiyak na diagnosis ng sakit sa pag-iisip, kundi tukuyin lamang kung sino ang maaring nanganganib at nangangailangan ng agarang tulong.

Ang "Psychosocial Assessment" ay isang uri ng pag-uusap o panayam upang matukoy kung sino sa mag-aaral ang "at-risk" o posibleng may pinagdaraanan sa pag-iisip, damdamin, o pakikitungo sa ibang tao. Ito ay ginagawa ng

School Counselor or iba pang personnel ng paaralan na may sapat na pagsasanay.

III. Pahintulot para sa Health Assessment and Screening

Ako si _____ (Buong Pangalan), ang magulang/tagapangalaga ni _____ (Buong Pangalan ng mag-aaral), _____ (Kasarian) taong gulang, lalaki/babae (Baitang) sa _____ (Paaralan), ay naiintindihan nang wasto at ganap health assessment at screening para sa mga mag-aaral. Alam ko na ang paglahok ng aking anak/alaga ay boluntaryo at ang mag-aaral/magulang/tagapangalaga ay may karapatang bawiin ang pahintulot ngayon o kailanman sa pamamagitan ng pagpapadala ng kasulatan sa eskwelahan, nang walang epekto sa grado o kalidad ng matatangap na serbisyo ng aking anak/alaga. Naiintindihan ko na ang hindi paglahok ay maaaring humantong sa hindi pagkasali ng aking anak/alaga sa mga partikular na programa at serbisyo na nangangailangan ng impormasyong nakolekta sa mga pamamaraang nakalista sa itaas.

Sa pamamagitan ng paglalagay ng aking lagda sa ibaba, ipinapahayag ko na:

Markahan ang kaukulang checkbox ng (✓) at ilagay ang lagda sa dulo ng dokumento.

	PINAHIHINTULUTAN KO ang aking anak/alaga na sumailalim sa learner health assessment at screening	**HINDI KO PINAHIHINTULUTAN** ang aking anak/alaga na sumailalim sa learner health assessment at screening
Nutritional Assessment		
Health history intake and general head-to-toe assessment		
Vision screening		
Hearing screening		
Oral health assessment		
Universal mental health and psychosocial screening and assessment		

_____ _____
Pangalan at Lagda (Magulang) *Petsa*

PAGSANG-AYON NG MAG-AARAL PARA SA HEALTH ASSESSMENT AT SCREENING

Naipaalam sa akin ang mga detalye ng Learner Health Assessment and Screening at na ang aking magulang/tagapangalaga ay nagbigay ng pahintulot para sa akin na lumahok. Ang aking pakikilahok ay boluntaryo at sinabihan ako na maaari kong ihinto ang aking paglahok anumang oras. Naiintindihan ko na ang aking desisyong makilahok o hindi ay hindi makakaapekto sa aking grado, paggamot, o pangangalaga sa anumang paraan, maliban na lamang sa mga aktibidad na nangangailangan ng impormasyong nakolekta sa mga pamamaraang nakalista sa itaas.

_____ _____
Pangalan at Lagda (Mag-aaral) *Petsa*