

Republic of the Philippines Department of Education Region V

DIVISION OF CAMARINES SUR



DEPED

Freedom Sports Complex, San Jose, Pili, Camarines Sur.

DIVISION MEMORANDUM

No. <u>197</u> s. 2019

To

Chief SGOD

Public Schools District Supervisors

School Heads

School Health Section Personnel

All Others Concerned

From :

CECILLE BERNADETTE P. RIVERA, CESO V

Schools Division Superintendent

Date :

June /3, 2019

Subject:

Dissemination of Oplan Kalusugan sa DepEd (OK sa DepED) Form-B and Form-

C to be accomplished by Public Schools District Supervisors, School Heads and

School Health Section Personnel.

- 1. The Department of Education have recently implemented the Oplan Kalusugan sa DepEd (OK sa DepED) under the DO. #028 s2018. Under the said memorandum, the schools shall prepare the OK sa DepEd Bi-Annual Accomplishment Report (Form B) for submission to the SDO by the first week of March and November, and the RO to the CO-BLSS-SHD by the first week of May of each year (Form C).
- 2. Enclosure No. 1 is the OKD Form B which will be filled by the School Heads for submission to the SDO by the first week of March and November.
- 3. Enclosure No. 2 is the OKD Form C which The SDO shall submit consolidated and validated reports to the RO by the first week of April.
- 4. Enclosure No. 3 is the newly updated Health Card which will the Data Privacy Notice and the Health History will be signed by the parents or guardian, and upon graduation or in any event will need to transfer the said Health card will be included to the student's Form-137 or the student's Grade Card.
- 5. Immediate dissemination of this memorandum is desired.

DepEd CAMSUR: Caring, Engaging and Serving with United Heart



Quality Form

Oplan Kalusugan Sa DepED Accomplishment Report Form (To be accomplished by School Head)



| BENDER! | The state of the s | - |
|---------|--|---|
| | Document Code: | Ш |
| | Revision: | |
| | Effectivity Date: 03-01-2019 | |

BLSS – School Health Division

| DIVISION: SCHOOL: SCHOOL ADDRESS: CATEGORY: (Please Check Appropriate Box) Level: Elementary Junior High School Senior High School | SCHOOL ID: Of School: Central School Non- Central School Multigrade Primary School / Incomplete Integrated School | |
|--|---|--|
| SCHOOL HEAD: | CONTACT NUMBER: | |

A. SUMMARY OF BENEFICIARIES COVERED

| | Total Enr | olment | Actual Medica | Ily Examined | With Fi | ndings | Given Intervention | | |
|-----------------------------|-----------|--------|---|--------------|---------|--------|--------------------|---|--|
| Grade Level | М | F | М | F | М | F | М | F | |
| Kinder | | | | | | | | | |
| Grade 1 | | | | | | | | | |
| Grade 2 | | | | | | | | | |
| Grade 3 | | | | | | | | | |
| Grade 4 | | | | | | | | | |
| Grade 5 | | | | | | | | | |
| Grade 6 | | | | | | | | | |
| Grade 7 | | | | | | | | | |
| Grade 8 | | | | | | | | | |
| Grade 9 | | | | | | | | | |
| Grade 10 | | | | | | | | | |
| Grade 11 | | | | | | | | | |
| Grade 12 | | | | | | | | | |
| SPED | | | | | | | | | |
| ALS | | - | | | | | | | |
| TOTAL: | | | | | | | | | |
| Grand TOTAL | | | | | | | | | |
| Tanahan | | | | | | | | | |
| Teachers | | | | | | | | | |
| Non- Teaching Personnel | | | AND | | | | | | |
| Non- Plantilla Personnel | | | | | | | | | |
| TOTAL | | | | | | | | | |

B. ACCOMPLISHMENTS

1. SCHOOL BASED FEEDING PROGRAM (SBFP) & NUTRITION – SUPPORT SBFP Coverage Learners

| | Target | ACTUAL | | | | | | | | |
|-------------|--------|-----------------|--------|--------------------------------------|-----------------------------|-------|--|--|--|--|
| Grade Level | | Severely wasted | wasted | Severely Stunted that are not SW / W | Stunted that are not SW / W | TOTAL | | | | |
| Kinder | | | | | | | | | | |
| Grade 1 | | | | | | | | | | |
| Grade 2 | | | | | | | | | | |
| Grade 3 | | | | | | | | | | |
| Grade 4 | | | | | | | | | | |
| Grade 5 | | | | | | | | | | |
| Grade 6 | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

SBFP Nutritional Status – Before and After Feeding

| | Number of | | 9/ | | | | |
|-------------|---------------------------------|--------------------|--------|--------|-----------------------|-------|---------------|
| Grade Level | Beneficiaries fr Table 1.a.2 | Severely Wasted | Wasted | Normal | Overweight + Obese | TOTAL | rehabilitated |
| Kinder | | | | | | | |
| Grade 1 | | | | | | | |
| Grade 2 | | | | | | | |
| Grade 3 | | | | | | | |
| Grade 4 | | | | | | | N |
| Grade 5 | | | | | | | |
| Grade 6 | | | | | | | |
| TOTAL | | | | | | | |

SBFP Funds

| Budget allocation as per GAA | Funds Utilized | Percent Utilization (col 3/2*100%) | | |
|------------------------------|----------------|---------------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Nutritional Status

BASELINE NUTRITIONAL STATUS

Baseline For Elementary

| | Bas | seline For Ele | mentary | | | | ., | | | | | |
|---------|-----|----------------|-----------------|-------|-----|--|----|----|-----|----|---|---|
| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
| Kinder | М | | | | | | | | | | | |
| Killder | F | | | | | | | | | | | |
| Grade 1 | M | | | | | | | | | | | |
| Glaue 1 | F | | | | | | | | | | | |
| Grade 2 | М | | | | | | | | | | | |
| Graue 2 | F | | | | | | | | | | | |
| Grade 3 | М | | | | | | | | | | | |
| Grade 3 | F | | | | | ************************************** | | | | | | |
| Grade 4 | M | | | | | | | | | | | |
| Grade 4 | F | | | | | | | | | | | |
| Grade 5 | M | | | | | | | | | | | |
| | F | | | | | | | | | | | |
| Grade 6 | M | | | | | | | | | | | |
| | F | | | | | | | | | | | |
| SPED | М | | | | | | | | | | | |
| J. 10 | F | | | | | | | | | | | |
| TOTAL | М | | | | | | | | | | | |
| IOIAL | F | | | | | | | | | | | |

Baseline For Junior and Senior High School Learners

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
|----------|-----|------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Grade 7 | M | | | | | | | | | | | |
| Grade / | F | | | | | | | | | | | |
| Grade 8 | M | | | | | | | | | | | |
| Graue o | F | | | | | | | | | | | |
| Cd-0 | M | | | | | | | | | | | |
| Grade 9 | F | | | | | | | | | | | |
| C | М | | | | | | | | | | | |
| Grade 10 | F | | | | | | | | | | | |
| 0 1 44 | М | | | | | | | | | | | |
| Grade 11 | F | | | | | | | | | | | |
| C. I. 40 | М | | | | | | | | | | | |
| Grade 12 | F | | | | | | | | | | | |
| 416 | M | | | | | | | | | | | |
| ALS | F | | | | | - | | | | | | |
| TOTAL | М | | | | | | | | | | | |
| TOTAL | F | | | | | *************************************** | | | | | | |

Endline Nutritional Status Endline For Elementary

| E | naline | For Elementa | | 1 | | | | | | | | |
|---------|--------|--------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
| Kinder | M | | | | | | | | | | | |
| Killder | F | | | | | | | | | | | |
| Grade 1 | M | | | | | | | | | | | |
| Grade 1 | F | | | | | | | | | | | |
| Grade 2 | M | | | | | | | | | | | |
| Grade 2 | F | | | | | | | | | | | |
| Grade 3 | M | | | | | | | | | | | |
| Grade 3 | F | | | | | | | | | | | |
| Grade 4 | M | | | | | | | | | | | |
| Grade 4 | F | | | | | | | | | | | |
| Grade 5 | M | | | | | | | | | | | |
| Grade 5 | F | | | | | | | | | | | |
| Grade 6 | M | | | | | | | | | | | |
| Grade 0 | F | | | | | | | | | | | |
| SPED | M | | | | | | | | | | | |
| SELU | F | | | | | | | | | | | |
| TOTAL | M | | | | | | | | | | | |
| IOIAL | F | | | | | | | | | | | |

Endline for Junior and Senior High School Learners

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
|----------|-----|------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Grade 7 | М | | | | | | | | | | | |
| Grage / | F | | | | | | | | | | | |
| Condo 0 | М | | | | | | | | | | | |
| Grade 8 | F | | | | | | | | | | | |
| Grade 9 | M | | | | | | | | | | | |
| Grade 9 | F | | | | | | | | | | | |
| C d- 40 | M | | | | | | | | | | | |
| Grade 10 | F | | | | | | | | | | | |
| Grade 11 | М | | | | | | | | | | | |
| Grade 11 | F | | | | | | | | | | | |
| Grade 12 | М | | | | | | | | | | | |
| Grade 12 | F | | | | | | | | | | | |
| ALS | М | | | | | | | | | | | |
| WFD | F | | | | | | | | | | | |
| TOTAL | М | | | | | | | | | | | |
| TOTAL | F | | | | | | | | | | | |

| 2 | NATIONAL | DRUG EDUCA | TION PROGRAM |
|----|----------|------------|-----------------------------|
| 4. | INAHUMAL | DUOG EDOCH | I I O I A E I I O O I I MIA |

| Activity | No. Of Participants / Men | nbers / Coaches / Advisers |
|--|---------------------------|----------------------------|
| Activity | Teachers | Learners |
| Systematic Training for Effective Parenting | | |
| Barkada Kontra Droga | | |
| Universal Preventive Curricula | | |
| Life Skills Training | | |
| Orientation RA 9165 | | |
| Tobacco Control | | |
| Red Cross Youth | | |
| Kabataan | | |
| Lakas Isip Ing | | |
| Others | | |

3. ADOLESCENT REPRODUCTIVE HEALTH (leave blank if not applicable)

Teenage pregnancy Data in Public Schools

| Grade Level Pr | No. Of Pregnant | _ | ners: Trime cy at First (ation / refe | linic | Re | learners: ported fo insultatio | r first Cli | nic | Impregnator Number | | |
|----------------|--------------------|-----|--|-------|-----|--------------------------------------|-------------|-----|--------------------|-------|--|
| | Learners | 1st | 2nd | 3rd | 1st | 2nd | 3rd | 4th | Minor | Adult | |
| Grade 7 | | | | | | | | | | | |
| Grade 8 | | | | | | | | | | | |
| Grade 9 | | | | | | | | | | | |
| Grade 10 | | | | | | | | | | | |
| Grade 11 | | | | | | | | | | | |
| Grade 12 | | | | | | | | | | | |
| SPED | | | | | | | | | | | |
| ALS | | | | | | | | | | | |
| TOTAL: | | | | | | | | | | | |

Status of Pregnant Learners (June 2018 – March 2019)

| | AC | CESS TO EDUCAT | ION | ACC | CESS TO HEALTH SERV | ICES |
|-------------|---------------|----------------|-------------|-----------------------------|---------------------|--------------------------|
| Grade Level | No. in School | No. in ALS | No. Dropped | No. to Barangay RHU/MHSO | No. with Private OB | No. Lost to Follov Up |
| Grade 7 | | | | | | |
| Grade 8 | | | | | | |
| Grade 9 | | | | | | |
| Grade 10 | | | | | | |
| Grade 11 | | | | | | |
| Grade 12 | | | | | | |
| SPED | | | | | | |
| ALS | | | | | | |
| TOTAL: | | | | | | |

ARH Activities

| Activity | Number O | f Learners | No. Of Participants / Mo Advise | |
|---------------------------------|------------|------------|------------------------------------|----------|
| | Elementary | Secondary | Teachers / NTP | Learners |
| Teen Center / Hubs | | | | |
| HIV / AIDS trainings / Lectures | | | | |
| Responsible Parenting | | | | |
| Red Cross Youth | | | | |
| others | | | | |
| TOTAL | | | | |

| 4. WASH IN SCHOOLS (V | VINS) | | | | | | | |
|-------------------------------------|--------------------------|--------|---|--|-----------|-----------------|------------|--|
| | WaSH Comp | onent | s and Ind | icators | | | | |
| WATER SOURCE | | | *************************************** | | | | | |
| Drinking Water | | | | | | | | |
| 2. Water for Cleaning | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | |
| SANITATION Total Number of Toilets: | | | | 0.0.1. | | | | |
| Total Number of Tollets: | | | | Male: | | | | |
| | | | | Female: | | | | |
| | | | | Non-Function | | | | |
| Canteen management: | | | | | | - ** | | |
| Canteen management. | | | | ☐ With Sa | , . | | ala | |
| Modes of Solid Waste Manageme | ont. | | | ☐ Food servers/handlers have health certificat | | | | |
| lylodes of Solid Waste Managerin | SHC. | | | ☐ With garbage collection | | | | |
| | | | | ☐ Composting ☐ Recycling | | | | |
| HYGIENE | | | | D RECYCIII | 18 | | | |
| Total Number of Group Hand wa | shing facilities | | | | | | | |
| How often group hand washing a | | | | | | | | |
| Presence of Menstrual Hygiene | | nade v | wranning | ☐ YES | | | | |
| materials, rest space for female | | paus, | wiabbing | □ NO | | | | |
| Number of WinS TWG Members | | | | 2 110 | | | | |
| Over-all Rating | | | | ☐ Zero St | ar . | | | |
| Over-un Nathing | | | | One Sta | | | | |
| | | | | ☐ Two Sta | | | | |
| | | | | ☐ Three S | | | | |
| Recognition/Awards received: | | | | | plementer | | | |
| necognition/Awards received. | | | | ☐ Best Pra | | | | |
| | | | | ☐ With In | | | | |
| Counselors | No. of Registered Psycho | | | nsed Psychon | | | (Specify) | |
| Other Certified Medical P | rofessionals | | | | | | | |
| Familia (Cartificate Table) | _ | | | r of Trained P | | | | |
| Formal / Certificate Trainin | Health Person | nnel | O. | ther Non-Tea Personnel | _ | Teaching | Personnel | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | | | | | | | |
| | | | | | | | | |
| apacity Building Activities C | onducted | | | | | | | |
| Activity Conducted (Specify | Participating Schools | N | lumber Of | Schools | N | lo. Of Particip | ants | |
| title of activity) | Division Offices (SDO) | Elem | nentary | Secondary | NTP | Teachers | Learners | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | | | | | | | |

6. MEDICAL -DENTAL AND NURSING SERVICES

(Use School Health Division Form 5 as Basis for accomplishing this table)

NURSING SERVICES

Ten most Common Signs and Symptoms as Reported by Nurses

| Sign / Symptom | Number of Cases | % of those assessed |
|----------------|-----------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

School-Based Immunization

| | | | No. im | munized | | |
|-----------------|------------|----------|----------|---------|--|--|
| Grade Level Sex | Enrollment | 1st Dose | 2nd Dose | Remarks | | |
| | | | HPV | HPV | | |
| Grade 4 | F | | | | | |

| Grade Level Sex | | | | No. Im | munized | | |
|-----------------|-----|------------|----------|--------|----------|----|---------|
| | Sex | Enrollment | 1st Dose | | 2nd Dose | | Remarks |
| | | | MR | Td | MR | Td | |
| | M | | | | | | |
| Grade 1 | F | | | | | | |
| Grade 7 | M | | | | | | |
| | F | | | | | | |

Deworming Program

| | | E | 1st D | ose | 2nd | Dose |
|-------------|-----|------------|-----------------|-------------|-----------------|-------------|
| Grade Level | Sex | Enrollment | No. of dewormed | % Enrolment | No. of dewormed | % Enrolment |
| kinder | M | | | | | |
| Kinder | F | | | | | |
| Grade 1 | M | | | | | |
| Grade 1 | F | | | | | |
| Grade 2 | M | | | | | |
| Graue 2 | F | | | | | |
| Grade 3 | M | | | | | |
| Grade 5 | F | | | | | |
| Grade 4 | M | | | | | |
| Grade 4 | F | | | | | |
| Grade 5 | M | | | | | |
| Grade 5 | F | | | | | |
| Grade 6 | M | | | | | |
| Grade 6 | F | | | | | |
| Grade 7 | M | | | | | |
| | F | | | | | |
| Grade 8 | M | | | | | |
| Grade 6 | F | | | | | |
| Grade 9 | M | | | | | |
| Grade 5 | F | | | | | |
| Grade 10 | M | | | | | |
| Grade 10 | F | | | | | |
| Grade 11 | M | | | | | |
| Ordec 11 | F | | | | | |
| Grade 12 | M | | | | | |
| Oldic 12 | F | | | | | |
| SPED | M | | | | | |
| J. L.D | F | | | | | |
| ALS | M | | | | | |
| ~LJ | F | | | | | |
| TOTAL | M | | | | | |
| TOTAL | F | | | | | |

Vision Screening

| Grade Level | Sex | Enrollment | No. Assessed | No. Passes | No. Failed | No. Referred | Remarks |
|-------------|-----|------------|--------------|------------|------------|--------------|---------|
| | M | | | | | | |
| Kinder | F | | | | | | |
| Crade 1 | M | | | | | | |
| Grade 1 F | F | | | | | | |
| Grade 4 F | M | | | | | | |
| | F | | | | | | |
| Grade 7 | M | | | | | | |
| Grade / | F | | | | | | |
| Grade10 | М | | | | | | |
| Gradeio | F | | | | | | |
| Grade 12 | M | | | | | | |
| Grade 12 | F | | | | | | |
| TOTAL | М | | | | | | |
| TOTAL | F | | | | | | |

Auditory Screening

| Grade Level | Sex | Enrollment | No. Assessed | No. Passes | No. Failed | No. Referred | Remarks |
|-------------|-----|------------|--------------|------------|------------|--------------|---------|
| Windon | М | | | | | | |
| Kinder | F | | | | | | |
| Condo 4 | М | | | | | | |
| Grade 1 | F | | | | | | |
| Condo A | М | | | | | | |
| Grade 4 F | F | | | | | | |
| M | M | | | | | | |
| Grade 7 | F | | | | | | |
| Crade 10 | M | | | | | | |
| Grade10 | F | | | | | | |
| TOTAL | М | | | | | | |
| TOTAL | F | | | | | | |

DENTAL SERVICES

Ten most Common Diseases (as Reported by Dentist)

| Diagnosis | Number of Cases | % of those assessed |
|-----------|-----------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

| | | No. of | | | | Number o | f Children | | | |
|-------------|------------|------------------------------------|--------------------|-----------------|-----------------|----------------------|----------------------------------|-------------------------|------------------|---------|
| Grade level | Enrollment | Classroom Health Talks Given | Orally Examined | With Defects | Carries Free | Underwent Scaling | Given Fluoride Application | Underwent Extraction | Given Filling | Treated |
| Kinder | | | | | | | | | | |
| Grade 1 | | | | | | | | | | |
| Grade 2 | | | | | | | | | | |
| Grade 3 | | | | | | | | | | |
| Grade 4 | | | | | | | | | | |
| Grade 5 | | | | | | | | | | |
| Grade 6 | | | | | | | | | | |
| Grade 7 | | | | | | | | | | |
| Grade 8 | | | | | | | | | | |
| Grade 9 | | | | | | | | | | |
| Grade 10 | | | | | | | | | | |
| Grade 11 | | | | | | | | | | |
| Grade 12 | | | | | | | | | | |
| SPED | | | | | | | | | | |
| ALS | | | | | | | | | | |

| | | | N | UMBER OF 1 | EETH (| TREATI | IENT C | OONE) | | | |
|---------------------------|---------------|-----------|-----------------------------|---------------------------|--------|--------|--------|-------|---|----------------|----------|
| | EXTRA | CTION | | FILLING | | | | PER | MANE | NT | TEMPORAR |
| Grade Level | Permanent | Temporary | Pit & Fissure Sealant | ART (Glass ionomer) | ZOE | SyF | D | M | F | Sound Teeth | d |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| SERVICES en most Commo | m Diagram (as | Panartad | hu Madias | al Officer | | | | | | | |
| en most commo Diagno | | перинеи н | | nber of Case | s | | | | % of | those asse | essed |
| 1. | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | | | | | | | |

ME

| Diagnosis | Number of Cases | % of those assessed | | |
|-----------|-----------------|---------------------|--|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

C. SUMMARY OF VOLUNTEER SERVICES

Table 1 Number of Partners Involved

| Name of Organization / Affiliation | of Organization / Affiliation Number of Number of Schools Institution Volunteers Served | | ne of Organization / Affiliation Number of Number of School | | No. of L | earners | No. of Schoo | Personnel |
|--|---|--|---|---------|----------|---------|--------------|-----------|
| | | | Examined | Treated | Examined | Treated | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | _ | | | | |
| | | | | | | | | |
| A CONTRACTOR OF THE PROPERTY O | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| • | For Other Services Rendered By Volunteers Please Justify Below. | | |
|---|---|---|---|
| | | I | I |
| | | | |
| | | | |
| | | | Г |

D. DONATIONS / RESOURSES GENERATED

| Type Of Donations | Quantity | Estimated Cost |
|-------------------|----------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| E. | SIGNIFICANT EVENTS OF | SBFP, NDEP, ARH, SMH, | AND OTHER H | EALTH AND NUTRITIONS PROGRAMS EXPERIENCES |
|----|--------------------------------|-------------------------|-------------|--|
| | GOOD PRACTICES (use sep | parate sheet if needed) | | |
| | had a language | 10/h a second involved | 14/6 | Outcome: What is / are its important contribution to the |

| what nappened | vallo were ilivolved | Wileii | OK sa DepEd Program of the School |
|-----------------------------------|----------------------------|-------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 1 | |
| | | | NS TO STRENGTHEN OK SA DEPED PROGRAM t needed from Central and Regional Offices and Division |
| F. LESSON LEARNED | | Offices that can | Increase the impact of OK sa DepEd Program. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| I. PROPOSED PLAN OF CATION | FOR THE NEXT OK SA DepEd | HEALTH SERVICES | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| . PHOTOS (Before and After) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Prepared by: | | Noted: | |
| | | | |
| | | | |
| | | | |
| Sch | ool Head | | Public Schools District Supervisor |
| | Date | | |
| | Date: | | |
| This for is to be submitted every | 2nd week of March and Nove | mber in your respective | e SDO |



Quality Form

Oplan Kalusugan Sa DepED Accomplishment Report Form



Document Code:

Revision:

Effectivity Date: 03-01-2019

BLSS - School Health Division

| Region / Division: | Period Covered: |
|---|-------------------------------|
| Office Address: | |
| Office telephone Number: | Mobile Number: |
| Fax Number: | Email Address: |
| Number of Schools in the Region / Schools Division: | Elementary: Secondary: TOTAL: |

A. SUMMARY OF SCHOOLS AND BENEFICIARIES COVERED

Table 1. Number of Learners and School Personnel Covered by DepED and Volunteers

| | Total Enrolment | | Actual Medica | lly Examined | With F | indings | Given Inte | erventions |
|-----------------------------|-----------------|---|---------------|--------------|--------|---------|------------|------------|
| Grade Level | M | F | М | F | M | F | М | F |
| Kinder | | | | | | | | |
| Grade 1 | | | | | | | | |
| Grade 2 | | | | | | | | |
| Grade 3 | | | | | | | | |
| Grade 4 | | | | | | | | |
| Grade 5 | | | | | | | | |
| Grade 6 | | | | | | | | |
| Grade 7 | | | | | | | | |
| Grade 8 | | | | | | | | |
| Grade 9 | | | | | | | | |
| Grade 10 | | | | | | | | |
| Grade 11 | | | | | | | | |
| Grade 12 | | | | | | | | |
| TOTAL: | | | | | | | | |
| Grand TOTAL | | | | | | | | |
| Teachers | | | | | | | | |
| Non- Teaching Personnel | | | | | | | | |
| Non- Plantilla Personnel | | | | | | | | |
| TOTAL | | | | | | | | |

Table 2. Number of Schools Covered

| | ТҮРЕ | | | | | | | | | |
|-----------------------|-------------------|-----------------------|------------|---------------------------------|-------------------------------|--|--------------------------|-------|--|--|
| Grade Level | Central School | Non-Central School | Multigrade | Primary School Incomplete | Complete Junior HS Only | Complete Junior Hs With HS | Stand-Alone Senior HS | TOTAL | | |
| Elementary | | | | | | Maria de la compansión de | | | | |
| Secondary | | | | | | | | | | |
| Integrated Schools | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

i oiiii c

B. ACCOMPLISHMENTS

1.a SCHOOL BASED FEEDING PROGRAM (SBFP) & NUTRITION – SUPPORT

1.a.1 SBFP Coverage Schools

| | Assessed Number | Number of Schools From Baseline NS | | | | | |
|-----------------------------------|----------------------------------|---|-------|----------------------|------------------------|-------|--|
| Schools Division Offices (SDO) | with SW / W Learners (K – 6) | with SS/ S that are not SW / W Learners (K – 6 | TOTAL | with SBFP (K – 6) | Covered by Partners | TOTAL | Number of Schools not covered by SBFP & Partners |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1.a.2 SBFP Coverage Learners

| | | ACTUAL | | | | | | | | |
|--------------------------------|--------|-----------------|--------|--------------------------------------|-----------------------------|-------|--|--|--|--|
| Schools Division Offices (SDO) | Target | Severely wasted | wasted | Severely Stunted that are not SW / W | Stunted that are not SW / W | TOTAL | | | | |
| Kinder | | | | | | | | | | |
| Grade 1 | | | | | | | | | | |
| Grade 2 | | | | | | | | | | |
| Grade 3 | | | | | | | | | | |
| Grade 4 | | | | | | | | | | |
| Grade 5 | | | | | | | | | | |
| Grade 6 | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

1.a.3. SBFP Funds

| Schools Division Offices | Budget allocation as per GAA | Funds Utilized | Percent Utilization (col 3/2*100%) |
|--------------------------|------------------------------|----------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | - PAR | |
| | | | |

1.a.4. SBFP Nutritional Status – Before and After Feeding

| | Number of | | Number of Beneficiaries After Feeding | | | | | | |
|-------------|---------------------------------|--------------------|---------------------------------------|--|-----------------------|-------|---------------|--|--|
| Grade Level | Beneficiaries fr Table 1.a.2 | Severely Wasted | Wasted | Normal | Overweight + Obese | TOTAL | rehabilitated | | |
| Kinder | | | | | | | | | |
| Grade 1 | | | | | | | | | |
| Grade 2 | | | | | | | | | |
| Grade 3 | | | | | | | | | |
| Grade 4 | | | | | | | | | |
| Grade 5 | | | | | | | | | |
| Grade 6 | | | | | | | | | |
| TOTAL | | | | The state of the s | | | | | |

1.a.5. SBFP Schools with Gulayan sa Paaralan

| Schools Division Offices (SDO) | Number of Schools with SBFP | Number of Schools with SBFP and GPP: %of contribution n of GPP to SBFP expenses | | | | |
|--------------------------------|--------------------------------|--|--|--|--|--|
| | implementing GPP | 0-4% 5 – 24% 25 – 49% | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Note: On the GPP record, all vegetables used for SBFP should be itemized with corresponding quantity and cost. The total cost of vegetables divided by number (number of beneficiaries X 16.00 X 120 days) X 100 = %contribution to the feeding program

1.a.6. Gulayan sa Paaralan

| ichools Division Offices | Total Number of Schools | Number of Schools given Financial Assistance | Percent Utilization (col 3/2*100%) |
|--------------------------|-------------------------|---|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. NATIONAL DRUG EDUCATION PROGRAM

| Activity | Schools Division Offices (SDO) | Number C | of Schools | No. Of Participants / Members / Coa / Advisers | | | |
|--|--------------------------------|------------|------------|---|----------|--|--|
| The state of the s | | Elementary | Secondary | Teachers | Learners | | |
| Systematic Training for Effective Parenting | | | | | | | |
| Barkada Kontra Droga | | | | | | | |
| Universal Preventive Curricaula | | | | | | | |
| Life Skills Training | | | | | | | |
| Orientation RA 9165 | | | | | | | |
| Tobaco Control | | | | | | | |
| Red Cross Youth | | | | | | | |
| Kabataan | | | | | | | |
| Lakas Isip Ing | | | | | | | |
| Others | | | | | | | |

3. ADOLESCENT REPRODUCTIVE HEALTH

3.a. Teenage pregnancy Data in Public Schools

| Schools Division Offices (SDO) | Schools | Grade Level | No. Of Pregnant Learners | rs Consultation / referral | | C Re | o. of le Quarter eporter ic Cons | ly of C | :Y rst | Impregnat | or Number | | | |
|-----------------------------------|---------|----------------|--------------------------------|----------------------------|----------|----------|---|----------|-----------|-----------|-----------|-----|-------|-------|
| | | | | | | 1st | 2nd | 3rd | 1st | 2nd | 3rd | 4th | Minor | Adult |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | <u> </u> | <u> </u> | <u> </u> | L | <u> </u> | L | | | l | | |

3.b. Status of Pregnant Learners (June 2018 - March 2019)

| | | ACC | ESS TO EDUC | ATION | ACCESS TO HEALTH SERVICES | | |
|-----------------------------------|---------|--------------------------------|-------------|----------------|--------------------------------|------------------------|--------------------------|
| Schools Division Offices (SDO) | Schools | Schools No. in School No. in A | No. in ALS | No. Dropped | No. to Barangay RHU/MHSO | No. with Private OB | No. Lost to Follow Up |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3.c. ARH Activities

| Activity | Schools Division Offices (SDO) | Number Of Schools | | Number Of Schools (| | | ts / Members Advisers |
|------------------------------------|--------------------------------|-------------------|-----------|---------------------|----------|--|--------------------------|
| | | Elementary | Secondary | Teachers / NTP | Learners | | |
| Teen Center / Hubs | | | | | | | |
| HIV / AIDS trainings / Lectures | | | | | | | |
| Responsible Parenting | | | | | | | |
| Red Cross Youth | | | | | | | |
| others | | | | | | | |
| TOTAL | | | | | | | |

4. WASH IN SCHOOLS (WINS)

| Schools Division Offices (SDO) | Total Number of Schools | No. of Schools evaluated with Three-Star Approach Rating | | | | Remarks |
|--------------------------------|-------------------------|---|---|--|--|---------|
| | | 0 1 2 | 3 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5. SCHOOL MENTAL HEALTH

5.a. Licensed Mental Health Professionals

| Schools Division Offices (SDO) | no. of Registered Guidance Counselors | No. of Registered Psychologist | No. Licensed Psychometricians | others (Specify) |
|--------------------------------|--|-----------------------------------|----------------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 7 |
| | | | | |

5.b. Other Certified Medical Professionals

| | Number of Trained Personnel | | | | | | |
|-------------------------------|-----------------------------|---------------------------------|-------------------|--|--|--|--|
| Formal / Certificate Training | Health Personnel | Other Non-Teaching Personnel | Teaching Personne | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

5.c. Capacity Building Activities Conducted

| Activity Conducted (Specify title of activity) | Participating Schools Division Offices (SDO) | Number (| er Of Schools No. Of Participants | | | ants |
|--|--|----------------------|-----------------------------------|----------|----------|------|
| | | Elementary Secondary | NTP | Teachers | Learners | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

6. MEDICAL -DENTAL AND NURSING SERVICES

(Use School Health Division Form 5 as Basis for accomplishing this table)

6.a. Ten most Common Signs and Symptoms as Reported by Nurses

| Sign / Symptom | Number of Cases | % of those assessed |
|----------------|-----------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

.

6.b. Ten most Common Diseases (as Reported by Medical Officer)

| | Number of Cases | % of those assessed |
|-----------|-----------------|---------------------|
| Diagnosis | Number of Cases | % Of those assessed |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

6.c. Ten most Common Diseases (as Reported by Dentist)

| Diagnosis | Number of Cases | % of those assessed |
|-----------|-----------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

6.d. Dental Services Accomplishment Report

| Schools Division Offices (SDO) Enrollment Classroom Health Talks Given Orally Examined Orally Examined | | | Children | Number of | | No. of | | |
|--|---------|--|----------|-----------|--|-------------------|------------|--|
| | Treated | | Fluoride | | | ment Health Talks | Enrollment | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |

| | | | N | JMBER OF T | EETH (| REATIV | IENT E | ONE) | | | |
|--------------------------|------------|-----------|-----------------------------|---------------------------|--------|--------|-----------|------|---|----------------|---|
| Schools Division Offices | EXTRACTION | | FILLING | | | | PERMANENT | | | TEMPORARY | |
| (SDO) | Permanent | Temporary | Pit & Fissure Sealant | ART (Glass ionomer) | ZOE | SyF | D | М | F | sound Teeth | d |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | • | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

6.e. School-Based Immunization

| | | | | No. Im | munized | | | | | |
|-------------|-----|-------------------|-----|--------|-------------------|----------|----|----------|--|---------|
| Grade Level | Sex | el Sex Enrollment | Sex | Sex | Enrollment | 1st Dose | | 2nd Dose | | Remarks |
| | | | | MR | Td | MR | Td | | | |
| Grade 1 | М | | | | | | | | | |
| | F | | | | | | | | | |
| Grade 7 | М | | | | | | | | | |
| | F | | | | | | | | | |

| | | | No. Im | | |
|-------------|-----|------------|----------|----------|---------|
| Grade Level | Sex | Enrollment | 1st Dose | 2nd Dose | Remarks |
| | | | HPV | HPV | |
| Grade 4 | F | | | | |

6.f. Deworming Program

| Cuede Level | S | Enrollment | 1st D | ose | 2nd I | Oose |
|-------------|-----|------------|-----------------|-------------|-----------------|-------------|
| Grade Level | Sex | Enrollment | No. of dewormed | % Enrolment | No. of dewormed | % Enrolment |
| kinder | М | | | | | |
| Minder | F | | | | | |
| Grade 1 | М | | | | | |
| Glade 1 | F | | | | | |
| Grade 2 | М | | | | | |
| Graut Z | F | | | | | |
| Grade 3 | M | | | | | |
| Grade 3 | F | | | | | |
| Grade 4 | М | | | | | |
| Grade 4 | F | | | | | |
| Grade 5 | М | | | | | |
| Grade 5 | F | | | | | |
| Grade 6 | М | | | | | |
| GIAGE U | F | | | | | |
| Grade 7 | M | | | | | |
| | F | | | | | |
| Grade 8 | М | | | | | |
| 0.000 | F | | | | | |
| Grade 9 | M | | | | | |
| -, 440 5 | F | | | | | |
| Grade 10 | M | | | | | |
| J.34C 10 | F | | | | | |
| Grade 11 | М | | | | | |
| J.J. L. | F | | | | | |
| Grade 12 | М | | | | | |
| Glude IF | F | | | | | |
| SPED | М | | | | | |
| | F | | | | | |
| ALS | М | | | | | |
| ~W | F | | | | | |
| TOTAL | М | | | | | |
| IOIAL | F | | | | | |

6.g. Weekly Iron Folic Acid (WIFA)

| Grade Level | Enrollment | No. Given IFA | % Enrolment |
|-------------|------------|---------------|-------------|
| Grade 7 | | | |
| Grade 8 | | | |
| Grade 9 | | | |
| Grade 10 | | | |
| Grade 11 | | | |
| Grade 12 | | | |
| SPED | | | |
| ALS | | | |
| TOTAL | | | |

6.h. Visual / Auditory Assessment

6.h.1. Vision Screening

| Grade Level | Sex | Enrollment | No. Assessed | No. Passes | No. Failed | No. Referred | Remarks |
|-------------|-----|------------|-----------------|------------|------------|--------------|---------|
| | M | | | | | | |
| Kinder | F | | | | | | |
| | M | | | | | | |
| Grade 1 | F | | | | | | |
| Grade 4 | М | | | | | | |
| | F | | | | | | |
| Grade 7 | М | | | | | | |
| | F | | | | | | |
| | M | | | | | | |
| Grade10 | F | | | | | | |
| - 1 40 | М | | | | | | |
| Grade 12 | F | | | | | | |
| TOTAL | М | | | | | | |
| | F | | | | | | |

6.h.2. Auditory Screening

| Grade Level | Sex | Enrollment | No. Assessed | No. Passes | No. Failed | No. Referred | Remarks |
|-------------|-----|------------|--------------|------------|------------|--------------|---------|
| | М | | | | | | |
| Kinder | F | | | | | | |
| Crada 1 | M | | | | | | |
| Grade 1 | F | | | | | | |
| Grade 4 | М | | | | | | |
| | F | | | | | | |
| | М | | | | | | |
| Grade 7 | F | | | | | | |
| | М | | | | | | |
| Grade10 | F | | | | | | |
| | М | | | | | | |
| TOTAL | F | | | | | | |

6.i. Nutritional Status

6.i.a. BASELINE NUTRITIONAL STATUS

6.i.1.a. Baseline For Elementary

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | т |
|-----------------|-----|------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Kinder | М | | | | | | | | | | | |
| Kinder | F | | | | | | | | | | | |
| Grade 1 | М | | | | | | | | | | | |
| Glade 1 | F | | | | | | | | | | | |
| Grade 2 | М | | | | | | | | | | | |
| Glaue 2 | F | | | | | | | | | | | |
| Grade 3 | М | | | | | | | | | | | |
| Grade 3 | F | | | | | | | | | | | |
| Cuada 4 | М | | | | | | | | | | | |
| Grade 4 | F | | | | | | | | | | | |
| Grade 4 Grade 5 | М | | | | | | | | | | | |
| Grade 5 | F | | | | | | | | | | | |
| Grade 6 | М | | | | | | | | | | | |
| Grade 6 | F | | | | | | | | | | | |
| CDED | М | | | | | | | | | | | |
| SPED | F | | | | | | | | | | | |
| TOTAL | М | | | | | | | | | | | |
| TOTAL. | F | | | | | | | | | | | |

6.i.1.b. Baseline For Junior and Senior High School Learners

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
|---------|-----|------------|-----------------|-------|--|---|----|----|-----|----|---|---|
| Grade 7 | М | | | | | | | | | | | |
| Graue / | F | | | | | | | | | | | |
| Grade 8 | М | | | | | | | | | | | |
| Graue o | F | | | | | | | | | | | |
| Grade 9 | М | | | | | | | | | | | |
| Grade 9 | F | | | | | | | | | | | |
| Grade | М | | | | | | | | | | | |
| 10 | F | | | | | | | | , | | | |
| Grade | М | | | | | | | | | | | |
| 11 | F | | | | and the same of th | | | | | | | |
| Grade | M | | | | | | | | | | | |
| 12 | F | | | | | | | | | | | |
| | M | | | | | | | | | | | |
| ALS | F | | | | | | | | | | | |
| TOTAL | М | | | | | | | | | | | |
| TOTAL | F | | | | | | | | | | | |

6.i.2. Endline Nutritional Status

6.i.2.a. Endline For Elementary

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
|---------|-----|------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Kinder | М | | | | | | | | | | | |
| Kinder | F | | | | | | | | | | | |
| Grade 1 | M | | | | | | | | | | | |
| Grade 1 | F | | | | | | | | | | | |
| Grade 2 | М | | | | | | | | | | | |
| Grade 2 | F | | | | | | | | | | | |
| Grade 3 | M | | | | | | | | | | | |
| Grade 5 | F | | | | | | | | | | | |
| Grade 4 | M | | | | | | | | | | | |
| Grade 4 | F | | | | | | | | | | | |
| Grade 5 | M | | | | | | | | | | | |
| Grade 3 | F | | | | | | | | | | | |
| Grade 6 | M | | | | | | | | | | | |
| Grade 6 | F | | | | | | | | | | | |
| CDED | M | | | | | | | | | | | |
| SPED | F | | | | | | | | | | | |
| TOTAL | M | | | | | | | | | | | |
| TOTAL | F | | | | | | | | | | | |

6.i.2.b. Endline for Junior and Senior High School Learners

| Grade | Sex | Enrollment | No. Assessed | sw/su | W/U | N | ow | Ob | SSt | St | N | Т |
|---------|-----|------------|-----------------|-------|-----|---|----|----|-----|----|---|---|
| Grade 7 | М | | | | | | | | | | | |
| Glaue / | F | | | | | | | | | | | |
| Grade 8 | М | | | | | | | | | | | |
| Grade 6 | F | | | | | | | | | | | |
| Grade 9 | М | | | | | | | | | | | |
| Grade 5 | F | | | | | | | | | | | |
| Grade | M | | | | | | | | | | | |
| 10 | F | | | | | | | | | | | |
| Grade | М | | | | | | | | | | | |
| 11 | F | | | | | | | | | | | |
| Grade | M | | | | | | | | | | | |
| 12 | F | | | | | | | | | | | |
| ALS | M | | | | | | | | | | | |
| MLS | F | | | | | | | | | | | |
| TOTAL | M | | | | | | | | | | | |
| IUIAL | F | | | | | | | | | | | |

C. SUMMARY OF VOLUNTEER SERVICES

Table 1 Number of Partners Involved

| Name of Organization / Affiliation | Number of Number of Schools | | No. of L | earners | No. of School Personnel | | |
|------------------------------------|-----------------------------|--------|----------|---------|-------------------------|---------|--|
| Institution | Volunteers | Served | Examined | Treated | Examined | Treated | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| DONATIONS / RESOU | RSES GENERATED | | | |
|---------------------------------------|----------------------------|-----------------|--|--------------------|
| Type Of Donation | | Quantity | Estimate | d Cost |
| | | | | |
| SIGNIFICANT EVENTS | OF SBFP, NDEP, ARH, SN | лн, and othe | R HEALTH AND NUTRITIONS PRO | OGRAMS |
| | PRACTICES (use separate s | | Outcome: What is / are its importa | nt contribution to |
| · · · · · · · · · · · · · · · · · · · | | | the OK sa DepEd Program of | f the School |
| | | | | |
| | | | | |
| . LESSON LEARNED | | PROGRA | TIONS TO STRENGTHEN OK SA I M (Include support needed from Centra it can Increase the impact of OK sa Dept | l and Regional |
| PROPOSED PLAN OF CAT | ION FOR THE NEXT OK SA Dep | DEC HEALTH SERV | CES | |
| | | | | |
| PHOTOS (Before and Afte | er) | | | |
| epared by: | | Noted: | | |
| parca by: | | | | |



Republic of the Philippines DEPARTMENT OF EDUCATION Region V

Region V
Division of Camarines Sur



Petsa

School Name/ID

SCHOOL HEALTH EXAMINATION CARD Name: _ Middle Last First Birthplace: Date of Birth: Month/Day/ Year Region: School ID: Learner Reference Number (LRN): Division: Parent/Guardian: Contact Number: Home Address: Paunawa sa Karapatan ng Pansariling Datos (Data Privacy Notice) Ang Kagawaran ng Edukasyon ay naglilikom ng mga impormasyong pangkalusugan/medikal pagsubaybay , pagbibigay lunas/interbensiyong medikal at pang-edukasyon na layunin. Ang mga impormasyong malilikom ay dadadaan sa proseso alinsunod sa patakaran ng batas sa pansariling datos (Data Privacy Act) at sa polisiya ng kagawaran (DepEd Data Privacy Policies). Ang mga impormasyong ito ay ilalagak at pangangalagaan ng naaayon sa patakaran ng Saligang Batas at maaari lamang ibahagi sa iba pang ahensiya ng gobiyerno o pangatlong pangkat kung ito ay batay sa kasunduan at kahilingan ng batas sa pansariling datos para sa lehitimong layunin lamang. Para sa iba pang katanungan, kahilingan at alalahanin patungkol sa inyong karapatan sa pansariling datos, maaaring makipag-ugnayan sa mga kinauukulang opisyal sa inyong mga paaralan, dibisyon o rehiyon. Ito ay patunay na pinahihintulutan ko ang Kagawaran ng Edukasyon na magamit, malikon at maproseso ang mga impormasyon batay sa layuning isinaad. Pangalan at Lagda ng Mag-aaral Pangalan at Lagda ng Magulang o Tagapag-bantay SHD Form 1-A **Medical History(Learners)** Pakilagyan ng check (√)ang kahon na naayon sa inyong sagot sa bawat katanungan. Oo Hindi 1. Mayroon bang allergy ang inyong anak? Kung mayroon allergy, ano ba ito? Kagat ng Insekto Gamot Pollens at mga alikabok At iba pa Pagkain 2. Nakakaranas ba inyong anak ng sakit na kailangan ng medikal na atensyon? 0o lindi Kung mayroon sakit, ano ba ito? Error of Refraction/ Mahinang Paningin **Asthma** Pagdurugo o may bleeding disorder Seizure Loslos o Hernia Sakit sa puso At iba pa 3. Nakaroon na ba ng operasyon o na admit sa ospital ang inyong anak? Oo Kung oo ang sagot, pakisulat kung kailan at anong taon na admit sa ospital ang inyong anak: 4. Mayroon ba sa inyong pamilya o family history ng mga sumusunod na mga medikal na kondisyon: Sakit sa Baga/Tuberkulosis Altapresyon o Hypertension Kanser Depresyon Stroke At iba pa_ **Diabetes** 5. Mayroon ba sa pamilya na naninigarilyo o vape smoke na kasama ninyo sa bahay? Hindi 6. Aling parte ng kamay ang ginagamit ng inyong anak sa pagsulat? Kanan Kaliwa Parehas | Aking pinatutunayan na ang lahat ng impormasyon na nasa itaas ay totoo at tama sa aking kaalaman.

Pangalan at Lagda ng Magulang o Tagapag-bantay

| Grade Lev | | | | | | | | | | | | | | |
|--|--------------------------|-----------------|-----------------------------|------------------|----------------------------------|------------------------|--|-----------------------|------------------|------------------|------------------|-------------------|------------------|---------------------------|
| Grade Lev | vel | Kinder/ SPED | Grade 1/ SPED | Grade 2/ SPED | Grade 3/ SPED | Grade 4/ SPED | Grade 5/ SPED | Grade 6/ SPED | Grade 7/ SPED | Grade 8/ SPED | Grade 9/ SPED | Grade 10/ SPED | Grade 11 SPED | SPED |
| | | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings | Findings |
| te of Examination | | <u> </u> | - | <u> </u> | <u> </u> | <u>"</u> | <u> </u> | <u>.</u> | | | | | | |
| ight (in cm) | | | | | | | | | | | | | | |
| ight (in kg) tritional Status (NS) (| (BMI/ Wt -for-Age) | | - | | | | | | | | | | | |
| ritional Status (NS) (| (BMI/ Ht-for-Age) | | | | | | | | | | | | | |
| Beneficiary (√or) P Beneficiary (√or) | | | - | | | | | | | | | | | |
| worming (√or X) | | Jul Jan | Juli Jan | Jul Jan | Jul Jan | aul jam | Sub Sam | Sul Zan | Jul Jan | 3nd dan | Jul Jan | Jul 7m | Jul 1 | an Jul Jan |
| Supplementation nunization (Specify | | | | | - | | | | | | | | | |
| narche | wildt killer | | | | | | | | | | | | | |
| nperature/BP art Rate/Pulse Rate/ | Respiratory Rate | | | 1 | | | | | | | | | | |
| on Screening using a | | | | | | | | | | | | | | |
| litory Screening (Tur | ning Fork) | | - | | | | | | | | | | | |
| n/Scalp s/ Ears/ Nose | | | | | | | | | | | | | | |
| outh/ Throat/ Neck | | | | | | | | | | | | | | |
| ngs/ Heart domen | | - | | | | | | | | | | | | |
| formities | | | | | | | | | | | | | | |
| ners, specify mined by : | | | 1 | D ₀ | esignation: | | L | <u> </u> | | 1 | <u>L</u> | | | |
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| EGEND: | T | | | | | | | | T | | | | | |
| lutritional Status (NS) | Visual/ Audi Screenin | | Skin/S | Scalp | Eye/Ear/Nose | | | Mouth/Neck/ Throat | | Heart/ Lungs | | Abdomen | | Deformi |
| Normal Weight | Vision | | a. Normal | | a. Norma | al | a. Norr | nal | a. No | rmal | a. N | lormal | | a. Acquired |
| Wasted | a. Passed L | R | b. Presence | e of lice | b. Inflam | ed Eye Lid | b. Enla | rged tonsils | b. Ra | les | b. D | istended | | (Specify) b. Congenita |
| | | | | | | | | | | | | L. Janaitani Da | | (Specify) |
| Severely wasted / Under Weight | b. Failed L | R | c. Redness | s of Skin | c. Eye Re | aness | c. Pres | | c. W | 1eeze | C. A | bdominal Pa | lin | |
| Overweight | Auditory | , | d. White S | pots | d. Ocular | | d. Infla | | d. M | ırmur | d. T | enderness | | |
| Obese | a. Passed L | R | e. Flaky Sk | in | Misalignment e. Pale Conjunctiva | | e. Enla | e. Enlarged lymph | | e. Irregular | | e. Dysmenorrhea | | |
| Name of Mataba | h Fathad | | 6 Immetic | o/ Poil | 6 Nattos | d eyelashes | node | | f. Co | art rate | 5.0 | thore enocify | . | · · · · · · · |
| Normal Height Stunted | b. Failed L | R | f. Impetigo g. Hemato | | g. Eye Di | scharge | I. Utrk | ers, specify | g, Co | | 1.0 | thers, specifi | У | |
| Severely Stunted | | | h. Bruises/ | | h. Ear Dis | | | | h. O | hers, speci | У | | | |
| all | | | i. Itchines | ss | i. Impact | | | | | | | | | |
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| Note: Use lette | er to record ailment | s and place | m. Others, e X if not ex | amined | | | | | | | | | | |
| | er to record ailment | ts and place | | amined | | | | | | | | | | |
| | er to record ailment | ts and place | | | OICAL Z | FREAT | MENT | RECO | RD | - | | | | |
| | T | ts and place | e X if not ex | MED | | FREAT Treatment | | RECO | PRD Remark | ks | | | ttende me/ Po | |
| SHD Form 1-C | T | | e X if not ex | MED | | | | RECO | | ks | | | | d by sition) |
| GHD Form 1-C | T | | e X if not ex | MED | | | | RECO | | ks | | | | |
| GHD Form 1-C | T | | e X if not ex | MED | | | | RECO | | ks | | | | |
| SHD Form 1-C | T | | e X if not ex | MED | | | | RECC | | ks | | | | |
| SHD Form 1-C | T | | e X if not ex | MED | | | | RECO | | KS | | | | |
| HD Form 1-C | T | | e X if not ex | MED | | | | RECO | | ks | | | | |
| SHD Form 1-C | T | | e X if not ex | MED | | | | RECC | | ks | | | | |
| HD Form 1-C | T | | e X if not ex | MED | | | | RECO | | KS | | | | |
| GHD Form 1-C | T | | e X if not ex | MED | | | | RECO | | KS | | | | |
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