



Republic of the Philippines  
Department of Education  
Region V



**DIVISION OF CAMARINES SUR**  
*Freedom Sports Complex, San Jose, Pili, Camarines Sur.*

**DIVISION MEMORANDUM**

No. 197 s. 2019

To : Chief SGOD  
Public Schools District Supervisors  
School Heads  
School Health Section Personnel  
All Others Concerned





From : *[Signature]*  
**CECILLE BERNADETTE P. RIVERA, CESO V**  
Schools Division Superintendent *[Signature]*

Date : June 13, 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**

	<b>Quality Form</b>	 OPLAN KALUSUGAN	Document Code:
	<b>Oplan Kalusugan Sa DepED Accomplishment Report Form</b> <i>(To be accomplished by School Head)</i>		Revision:
			Effectivity Date: 03-01-2019
			BLSS – School Health Division

<b>DIVISION:</b>	<b>REGION:</b>
<b>SCHOOL:</b>	<b>SCHOOL ID:</b>
<b>SCHOOL ADDRESS:</b>	
<b>CATEGORY:</b> <i>(Please Check Appropriate Box)</i>	
<b>Level:</b>	<b>Type of School:</b>
<input type="checkbox"/> Elementary	<input type="checkbox"/> Central School
<input type="checkbox"/> Junior High School	<input type="checkbox"/> Non- Central School
<input type="checkbox"/> Senior High School	<input type="checkbox"/> Multigrade
	<input type="checkbox"/> Primary School / Incomplete
	<input type="checkbox"/> Integrated School
<b>SCHOOL HEAD:</b>	<b>CONTACT NUMBER:</b>

A. SUMMARY OF BENEFICIARIES COVERED

Number of Learners and School Personnel Covered by DepED and Volunteers

Grade Level	Total Enrolment		Actual Medically Examined		With Findings		Given Interventions	
	M	F	M	F	M	F	M	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								
Teachers								
Non- Teaching Personnel								
Non- Plantilla Personnel								
TOTAL								

B. ACCOMPLISHMENTS

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

SBFP Coverage Learners

Grade Level	Target	ACTUAL				
		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

Grade Level	Number of Beneficiaries fr Table 1.a.2	Number of Beneficiaries After Feeding					% rehabilitated
		Severely Wasted	Wasted	Normal	Overweight + Obese	TOTAL	
Kinder							
Grade 1							
Grade 2							
Grade 3							
Grade 4							
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

Grade	Sex	Enrollment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Kinder	M											
	F											
Grade 1	M											
	F											
Grade 2	M											
	F											
Grade 3	M											
	F											
Grade 4	M											
	F											
Grade 5	M											
	F											
Grade 6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	F											

Baseline For Junior and Senior High School Learners

Grade	Sex	Enrollment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Grade 7	M											
	F											
Grade 8	M											
	F											
Grade 9	M											
	F											
Grade 10	M											
	F											
Grade 11	M											
	F											
Grade 12	M											
	F											
ALS	M											
	F											
TOTAL	M											
	F											

Endline Nutritional Status  
Endline For Elementary

Grade	Sex	Enrollment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Kinder	M											
	F											
Grade 1	M											
	F											
Grade 2	M											
	F											
Grade 3	M											
	F											
Grade 4	M											
	F											
Grade 5	M											
	F											
Grade 6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	F											

Endline for Junior and Senior High School Learners

Grade	Sex	Enrollment	No. Assessed	SW/SU	W/U	N	OW	Ob	SSt	St	N	T
Grade 7	M											
	F											
Grade 8	M											
	F											
Grade 9	M											
	F											
Grade 10	M											
	F											
Grade 11	M											
	F											
Grade 12	M											
	F											
ALS	M											
	F											
TOTAL	M											
	F											

2. NATIONAL DRUG EDUCATION PROGRAM

Activity	No. Of Participants / Members / Coaches / Advisers	
	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	No. Of Pregnant Learners	No. of learners: Trimester of Pregnancy at First Clinic Consultation / referral			no. of learners: Quarterly of CY Reported for first Clinic Consultation / referral				Impregnator Number	
		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)

Grade Level	ACCESS TO EDUCATION			ACCESS TO HEALTH SERVICES		
	No. in School	No. in ALS	No. Dropped	No. to Barangay RHU/MHSO	No. with Private OB	No. Lost to Follow Up
Grade 7						
Grade 8						
Grade 9						
Grade 10						
Grade 11						
Grade 12						
SPED						
ALS						
TOTAL:						

ARH Activities

Activity	Number Of Learners		No. Of Participants / Members / Coaches / 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)

WaSH Components and Indicators	
WATER SOURCE	
1. Drinking Water	
2. Water for Cleaning	
SANITATION	
Total Number of Toilets:	Male: _____ Female: _____ Shared: _____ Non-Functional: _____
Canteen management:	<input type="checkbox"/> With Sanitary permit <input type="checkbox"/> Food servers/handlers have health certificates
Modes of Solid Waste Management:	<input type="checkbox"/> With garbage collection <input type="checkbox"/> Composting <input type="checkbox"/> Recycling
HYGIENE	
Total Number of Group Hand washing facilities:	
How often group hand washing activities are conducted?	
Presence of Menstrual Hygiene Management (e.g., sanitary pads, wrapping materials, rest space for female learners)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of WinS TWG Members:	
Over-all Rating	<input type="checkbox"/> Zero Star <input type="checkbox"/> One Star <input type="checkbox"/> Two Stars <input type="checkbox"/> Three Stars
Recognition/Awards received:	<input type="checkbox"/> Best Implementer <input type="checkbox"/> Best Practices <input type="checkbox"/> With Improvement

5. SCHOOL MENTAL HEALTH  
Licensed Mental Health Professionals

no. of Registered Guidance Counselors	No. of Registered Psychologist	No. Licensed Psychometricians	others ( Specify)

Other Certified Medical Professionals

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

Capacity Building Activities Conducted

Activity Conducted (Specify title of activity)	Participating Schools Division Offices (SDO)	Number Of Schools		No. Of Participants		
		Elementary	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

Grade Level	Sex	Enrollment	No. Immunized				Remarks
			1st Dose		2nd Dose		
			HPV		HPV		
Grade 4	F						

Grade Level	Sex	Enrollment	No. Immunized				Remarks
			1st Dose		2nd Dose		
			MR	Td	MR	Td	
Grade 1	M						
	F						
Grade 7	M						
	F						

Deworming Program

Grade Level	Sex	Enrollment	1st Dose		2nd Dose	
			No. of dewormed	% Enrolment	No. of dewormed	% Enrolment
kinder	M					
	F					
Grade 1	M					
	F					
Grade 2	M					
	F					
Grade 3	M					
	F					
Grade 4	M					
	F					
Grade 5	M					
	F					
Grade 6	M					
	F					
Grade 7	M					
	F					
Grade 8	M					
	F					
Grade 9	M					
	F					
Grade 10	M					
	F					
Grade 11	M					
	F					
Grade 12	M					
	F					
SPED	M					
	F					
ALS	M					
	F					
TOTAL	M					
	F					

Vision Screening

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

Auditory Screening

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

Grade level	Enrollment	No. of Classroom Health Talks Given	Number of Children							
			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										



Grade Level	NUMBER OF TEETH ( TREATMENT DONE)										
	EXTRACTION		FILLING				PERMANENT				TEMPORARY
	Permanent	Temporary	Pit & Fissure Sealant	ART (Glass ionomer)	ZOE	SyF	D	M	F	Sound Teeth	d

MEDICAL SERVICES

Ten most Common Diseases (as Reported by Medical Officer)

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 Institution	Number of Volunteers	Number of Schools Served	No. of Learners		No. of School Personnel	
			Examined	Treated	Examined	Treated

- For Other Services Rendered By Volunteers Please Justify Below.

D. DONATIONS / RESOURCES GENERATED

Type Of Donations	Quantity	Estimated Cost

E. SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, SMH, AND OTHER HEALTH AND NUTRITIONS PROGRAMS EXPERIENCES / GOOD PRACTICES (use separate sheet if needed)

What happened	Who were involved	When	Outcome: What is / are its important contribution to the OK sa DepEd Program of the School


F. LESSON LEARNED	G. SUGGESTIONS TO STRENGTHEN OK SA DEPED PROGRAM (Include support needed from Central and Regional Offices and Division Offices that can Increase the impact of OK sa DepEd Program.

H. PROPOSED PLAN OF CATION FOR THE NEXT OK SA DEPED HEALTH SERVICES

I. PHOTOS (Before and After)


Prepared by:  <div>School Head</div> <div>Date: _____</div>	Noted:  <div>Public Schools District Supervisor</div>
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This for is to be submitted every 2nd week of March and November in your respective 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

Grade Level	Total Enrolment		Actual Medically Examined		With Findings		Given Interventions	
	M	F	M	F	M	F	M	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

Grade Level	TYPE							TOTAL
	Central School	Non-Central School	Multigrade	Primary School Incomplete	Complete Junior HS Only	Complete Junior Hs With HS	Stand-Alone Senior HS	
Elementary								
Secondary								
Integrated Schools								
TOTAL								

**B. ACCOMPLISHMENTS**

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

**1.a.1 SBFP Coverage Schools**

Schools Division Offices (SDO)	Assessed Number of Schools From Baseline NS			Assessed Number of Schools implementing SBFP			Number of Schools not covered by SBFP & Partners
	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	

**1.a.2 SBFP Coverage Learners**

Schools Division Offices (SDO)	Target	ACTUAL				
		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%)

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

Grade Level	Number of Beneficiaries fr Table 1.a.2	Number of Beneficiaries After Feeding					% rehabilitated
		Severely Wasted	Wasted	Normal	Overweight + Obese	TOTAL	
Kinder							
Grade 1							
Grade 2							
Grade 3							
Grade 4							
Grade 5							
Grade 6							
TOTAL							

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

Schools Division Offices (SDO)	Number of Schools with SBFP implementing GPP	Number of Schools with SBFP and GPP: %of contribution n of GPP to SBFP expenses			
		0-4%	5 – 24%	25 – 49%	>50%

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

Schools 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 Of Schools		No. Of Participants / Members / Coaches / Advisers	
		Elementary	Secondary	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 lng					
Others					

3. ADOLESCENT REPRODUCTIVE HEALTH

3.a. Teenage pregnancy Data in Public Schools

Schools Division Offices (SDO)	Schools	Grade Level	No. Of Pregnant Learners	No. of learners: Trimester of Pregnancy at First Clinic Consultation / referral			no. of learners: Quarterly of CY Reported for first Clinic Consultation / referral				Impregnator Number	
				1st	2nd	3rd	1st	2nd	3rd	4th	Minor	Adult

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

Schools Division Offices (SDO)	Schools	ACCESS TO EDUCATION			ACCESS TO HEALTH SERVICES		
		No. in School	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		No. Of Participants / Members / Coaches / 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)

5.b. Other Certified Medical Professionals

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

5.c. Capacity Building Activities Conducted

Activity Conducted (Specify title of activity)	Participating Schools Division Offices (SDO)	Number Of Schools		No. Of Participants		
		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)

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	No. of Classroom Health Talks Given	Number of Children							
			Orally Examined	With Defects	Carries Free	Underwent Scaling	Given Fluoride Application	Underwent Extraction	Given Filling	Treated

Schools Division Offices (SDO)	NUMBER OF TEETH ( TREATMENT DONE)										
	EXTRACTION		FILLING				PERMANENT				TEMPORARY
	Permanent	Temporary	Pit & Fissure Sealant	ART (Glass ionomer)	ZOE	SyF	D	M	F	sound Teeth	d



6.e. School-Based Immunization

Grade Level	Sex	Enrollment	No. Immunized				Remarks
			1st Dose		2nd Dose		
			MR	Td	MR	Td	
Grade 1	M						
	F						
Grade 7	M						
	F						

Grade Level	Sex	Enrollment	No. Immunized				Remarks
			1st Dose		2nd Dose		
			HPV		HPV		
Grade 4	F						

6.f. Deworming Program

Grade Level	Sex	Enrollment	1st Dose		2nd Dose	
			No. of dewormed	% Enrolment	No. of dewormed	% Enrolment
kinder	M					
	F					
Grade 1	M					
	F					
Grade 2	M					
	F					
Grade 3	M					
	F					
Grade 4	M					
	F					
Grade 5	M					
	F					
Grade 6	M					
	F					
Grade 7	M					
	F					
Grade 8	M					
	F					
Grade 9	M					
	F					
Grade 10	M					
	F					
Grade 11	M					
	F					
Grade 12	M					
	F					
SPED	M					
	F					
ALS	M					
	F					
TOTAL	M					
	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
Kinder	M						
	F						
Grade 1	M						
	F						
Grade 4	M						
	F						
Grade 7	M						
	F						
Grade10	M						
	F						
Grade 12	M						
	F						
TOTAL	M						
	F						

6.h.2. Auditory Screening

Grade Level	Sex	Enrollment	No. Assessed	No. Passes	No. Failed	No. Referred	Remarks
Kinder	M						
	F						
Grade 1	M						
	F						
Grade 4	M						
	F						
Grade 7	M						
	F						
Grade10	M						
	F						
TOTAL	M						
	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	T
Kinder	M											
	F											
Grade 1	M											
	F											
Grade 2	M											
	F											
Grade 3	M											
	F											
Grade 4	M											
	F											
Grade 5	M											
	F											
Grade 6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	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	T
Grade 7	M											
	F											
Grade 8	M											
	F											
Grade 9	M											
	F											
Grade 10	M											
	F											
Grade 11	M											
	F											
Grade 12	M											
	F											
ALS	M											
	F											
TOTAL	M											
	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	T
Kinder	M											
	F											
Grade 1	M											
	F											
Grade 2	M											
	F											
Grade 3	M											
	F											
Grade 4	M											
	F											
Grade 5	M											
	F											
Grade 6	M											
	F											
SPED	M											
	F											
TOTAL	M											
	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	T
Grade 7	M											
	F											
Grade 8	M											
	F											
Grade 9	M											
	F											
Grade 10	M											
	F											
Grade 11	M											
	F											
Grade 12	M											
	F											
ALS	M											
	F											
TOTAL	M											
	F											

C. SUMMARY OF VOLUNTEER SERVICES

Table 1 Number of Partners Involved

Name of Organization / Affiliation Institution	Number of Volunteers	Number of Schools Served	No. of Learners		No. of School Personnel	
			Examined	Treated	Examined	Treated

- For Other Services Rendered by Volunteers Please Justify Below.


D. DONATIONS / RESOURCES GENERATED

Type Of Donations	Quantity	Estimated Cost

E. SIGNIFICANT EVENTS OF SBFP, NDEP, ARH, SMH, AND OTHER HEALTH AND NUTRITIONS PROGRAMS EXPERIENCES / GOOD PRACTICES (use separate sheet if needed)

What happened	Who were involved	When	Outcome: What is / are its important contribution to the OK sa DepEd Program of the School

F. LESSON LEARNED	G. SUGGESTIONS TO STRENGTHEN OK SA DEPED PROGRAM (Include support needed from Central and Regional Offices that can Increase the impact of OK sa DepEd Program.

H. PROPOSED PLAN OF CATION FOR THE NEXT OK SA DepEd HEALTH SERVICES

I. PHOTOS (Before and After)

Prepared by:	Noted:
OK sa DepEd Focal Person	Director IV
Date:	



School Name/ID

SCHOOL HEALTH EXAMINATION CARD

Name: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month/Day/ Year  
School ID: \_\_\_\_\_ Region: \_\_\_\_\_  
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 para sa 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 gobyerno 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.

1. Mayroon bang allergy ang inyong anak? ☐ Oo ☐ Hindi  
Kung mayroon allergy, ano ba ito?  
☐ Gamot \_\_\_\_\_ ☐ Kagat ng Insekto \_\_\_\_\_  
☐ Pollens at mga alikabok \_\_\_\_\_ ☐ At iba pa \_\_\_\_\_  
☐ Pagkain \_\_\_\_\_
2. Nakakaranas ba inyong anak ng sakit na kailangan ng medikal na atensyon? ☐ Oo ☐ Hindi  
Kung mayroon sakit, ano ba ito?  
☐ Error of Refraction/ Mahinang Paningin ☐ Anemia  
☐ 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 ☐ Hindi ☐  
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? Oo ☐ 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

Petsa

