



Republic of the Philippines
Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY



Division Memorandum No. ⁴⁰⁹, s. 2020

November 05, 2020

REQUIREMENTS FOR THE ANNUAL MEDICAL EXAMINATION FOR SY 2020-2021

**TO: ALL EMPLOYEES
 (SDO & SCHOOL PERSONNEL)**

1. This is regarding the annual medical examination that will starting on November 9 to 31, 2020.
2. The following are the laboratory tests requirement for the said annual medical examination:
 - i. Complete blood count
 - ii. Urinalysis
 - iii. Blood chemistry (lipid profile/BUA, BUN/Creatinine, FBS or RBS or Hba1c, SGOT/SGPT)
 - iv. Chest x-ray will be compulsory this year
3. Due to the risk of COVID 19 infection, the School Health and Nutrition Section will be distributing health forms to be filled out by the school and division office personnel which will be submitted with the attached laboratory results.
4. For questions or clarifications, the medical officers of the Division are available through messenger.
 - i. ANNA MELISSA REPALDA, MD @ Anna Melissa Repalda
 - ii. RUFINA GRACIADELA CRUZ @ Eyns
 - iii. ROGER SINOT JR @ Roger Junior Dao-as Sinot
 - iv. VILSVHY MAE DUPO, MD @ Vhy
5. Below is the table on assignment of SDO-Baguio Health & Nutrition Personnel by school and by district.

**Designated Clinic Station per district in addition to the required clinic for every school.*

SCHOOLS	H&N Personnel in-charge	SCHOOLS	H&N Personnel in-charge
DISTRICT 1 Gibraltar ES Rizal NHS Lindawan NHS Country Club ES Quezon ES Rizal ES*	Medical Officer: Dr. Anna Melissa Repalda Dentist: Dr. Sunshine Bonayao Dental Aide: Manuel Clemente Nurse: Jojit de Vera	DISTRICT 2 Happy Hollow ES Happy Hollow NHS Kias ES Spring Hills ES BCNHS-Fort del Pilar Annex Fort del Pilar ES*	Medical Officer: Dr. Roger Sinot Dentist: Dr. Maria Loreto Andrada Dental Aide: Dennis Gazmen Nurse: Joel Rey Orpilla
DISTRICT 3 Loakan ES Mil-an NHS Laurel ES BCNHS-Hillside Camp 7 ES SPED Center BCNHS Main*	Medical Officer: Dr. Roger Sinot Dentist: Dr. Michelle Tauli Dental Aide: Sundunze Afidcaho Nurses: Marivic Gervero Eah Grace de Vera Randel Maquiling	DISTRICT 4 Doña Aurora ES Doña Aurora NHS Doña Nicasia Puyat ES Don Mariano ES Brokkspoint ES Mabini ES*	Medical Officer: Dr. Vilsvhy Dupo Dentist: Dr. Roy Ananayo Dental Aide: Honorio Matulay Nurse: Agnes Totaan



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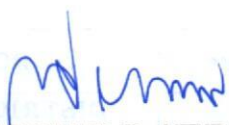
Website: www.depedpines.com



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SCHOOLS	H&N Personnel in-charge	SCHOOLS	H&N Personnel in-charge
DISTRICT 5 Sto. Tomas ES Sto Tomas NHS Dontogan ES Adiwang ES Crystal Cave ES Roxas NHS Roxas ES*	Medical Officer: Dr. Vilsvhy Dupo Dentist: Dr. Maria Loreto Andrada Dental Aide: Dennis Gazmen Nurse: Shyrigail Cariño	DISTRICT 6 Dom-Mirador ES Dom-Mirador NHS Aguinaldo ES San Luis ES Josefa Cariño ES PCNHS Baguio Central School*	Medical Officer: Dr. Vilsvhy Dupo Dentist: Dr. Jenny Orpiano Dental Aide: Aljet Godoy Nurses: Sofia de los Santos Juliet Ursabia Evangeline Manzano
DISTRICT 7 E. Quirino ES Irisan ES Irisan NHS BCNSHS San Carlos Heights ES Quezon Hill NHS Quezon Hill ES*	Medical Officer: Dr. Rufina dela Cruz Dentist: Dr. Sunshine Bonayao Dental Aide: Manuel Clemente Nurse: Beverly Donaal Cynthia Cadawan	DISTRICT 8 Pinsao ES Pinsao NHS Bonifacio ES Guisad Valley NHS Fairview ES Holy Ghost Ext. ES Lucban ES*	Medical Officer: Dr. Rufina dela Cruz Dentist: Dr. Roy Ananayo Dental Aide: Honorio Matulay Nurses: Alma Vissia Tano Mary Ann Montemayor
DISTRICT 9 Tabora ES Pinget ES Pinget NHS Magsaysay ES Quirino Hill ES Magsaysay NHS*	Medical Officer: Dr. Anna Melissa Repalda Dentist: Dr. Jenny Orpiano Dental Aide: Aljet Godoy Nurse: Jill Laban	DISTRICT 10 Joaquin Smith NHS Bakakeng ES Bakakeng NHS San Vicente NHS San Vicente ES Doña Aurora H. Bueno ES Pacday Quinio ES*	Medical Officer: Dr. Anna Melissa Repalda Dentist: Dr. Maria Loreto Andrada Dental Aide: Dennis Gazmen Nurse: Brigit Palsi

6. For compliance.


MARIE CAROLYN B. VERANO, CESO V
 Schools Division Superintendent



Name: _____
School: _____
Age: _____ Date: _____
Date of Birth: _____
Position/Designation: _____
Civil Status: _____ Gender: _____

FAMILY HISTORY

1. Hypertension Yes ___ No ___
2. Cardiovascular Disease (Stroke or heart attack) Yes ___ No ___
3. Diabetes Mellitus Yes ___ No ___
4. Kidney Disease Yes ___ No ___
5. Bronchial Asthma Yes ___ No ___
6. Cancer (pls specify) _____

SOCIAL HISTORY

7. Smoking (how many sticks/packs per day for how many years) Yes ___ No ___
8. Alcohol consumption (how often and the quantity) Yes ___ No ___
9. Allergies (Specify) Yes ___ No ___

PRESENT HEALTH STATUS

10. Dizziness (how often) Yes ___ No ___
11. Chest pain (duration and frequency) Yes ___ No ___
12. Difficulty of breathing/heaviness Yes ___ No ___
13. Loss of consciousness/ pass out/ fainting Yes ___ No ___
14. Blurring of vision Yes ___ No ___
15. Easy fatigability Yes ___ No ___
16. Weakness Yes ___ No ___
17. Joint pains or inflammation Yes ___ No ___
18. Muscle pains/back pains Yes ___ No ___
19. Difficulty/ discomfort in urination Yes ___ No ___
20. Bleeding/discharges Yes ___ No ___
21. Sensory disturbances/loss (numbness) Yes ___ No ___
22. Abdominal pain/discomfort Yes ___ No ___

COVID RELATED QUESTIONS (SYMPTOMS EXPERIENCED IN THE LAST 14 DAYS)

23. Cough Yes ___ No ___
24. Colds Yes ___ No ___
25. Fever (TEMP >/37.5 DEG Celsius) Yes ___ No ___
26. Diarrhea/vomiting Yes ___ No ___

27. Loss or altered sense of taste/smell Yes____ No____

28. Headache Yes____ No____

29. Difficulty of breathing Yes____ No____

30. Loss of appetite Yes____ No____

31. Body malaise/easy fatigability Yes____ No____

Others

32. Are you diagnosed with a medical condition such as hypertension, stroke, heart attack, diabetes mellitus, kidney disease, bronchial asthma or cancer ? Yes____ No____

33. Are you taking any medications (specify the medication and frequency of intake)?
Yes____ No____
