



Republic of the Philippines
 Department of Education
 Cordillera Administrative Region
DIVISION OF BAGUIO CITY
 #82 Military Cut-Off, Baguio City




REQUEST FOR QUOTATION

Standard Form No.: SF-GOOD-60
 Revised on: May 24, 2004
 Standard Form Title: Request for Quotation

Supplier:	Requesting Unit:
Address:	PR No.: 2018-05-113
Telephone No.:	Quotation No.: 2018-05-108
e-Mail:	Date: May 24, 2018
Date received by the Supplier:	ABC: 80,000.00

Please quote your lowest price on the item/s listed, subject to the General Conditions below, stating the shortest time of delivery and **submit your quotation in a sealed envelope** duly signed by your representative not later than 5-31-2018 @ 11:00 A.M.


SORAYA T. FACULO, PhD. 5/24
 OIC-Assistant School Division Superintendent
 Chairman, Bids and Awards Committee *xy*

REQUIREMENTS:

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate
3. Omnibus Sworn Statement

Note:

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Indicate brand and model of item offered.
- ✓ Delivery period within _____ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	10,000	Piece	8.5"x11" / 22x28 cm Hard paper School Health Examination Card (Back to Back) **Please see attached sample		
				TOTAL	
Purpose: School health examination cards for the use of dental personnel for individual health cards on oral exam to pupils					

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Signature over Printed Name

Tin

Date/Telephone No.

Canvassed by:

SCHOOL HEALTH EXAMINATION CARD
Elementary Pupils

NAME _____ SCHOOL _____
 Last First Middle
 Date of Birth _____ Region _____
 Month Day Year
 Birthplace _____ Division _____
 Parent/Guardian _____ Telephone No. _____
 Address _____

	Pre-Elem		Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6	
	findings	Intervention	findings	Intervention	findings	Intervention	findings	Intervention	findings	Intervention	findings	Intervention	findings	Intervention
Date of Examination														
Temperature/BP														
Heart/Respiratory/Pulse Rate														
Height														
Weight														
Nutritional Status (NS)														
Visual Acuity (Snellen's) a. N Rt, b. N Lf, c. AbN Rt, d. AbN Lf														
Hearing (Tuning Fork) a. N Rt, b. N Lf, c. AbN Rt, d. AbN Lf														
Skin/Scalp														
Eyes/Ears/Nose														
Mouth/Throat/Neck														
Lungs/Heart														
Abdomen/Genitalia														
Spine/Extremities														
Others, specify														
Examined by														

NS	Skin/Scalp	Eye/Ear/Nose	Mouth/Neck/Throat	Lungs/Heart	Abdomen/Genitalia	Spine/Extremities	Remarks/Intervention
a. Normal	a. Normal	a. Normal eye	a. Normal mouth	a. Normal lungs	a. Normal Abdomen	a. Normal spine	a. Needs Supervision
b. Below Normal	b. Pediculosis	b. Normal ears	b. Normal throat	b. Normal heart	b. Normal Genitalia	b. N Upper Extremities	b. Needs close supervision
c. Above Normal	c. Tinea Flava	c. Normal nose	c. Enlarged tonsils with exudates	c. Rales	c. Mass	c. N lower Extremities	c. Needs Follow-up
	d. Ringworm	d. Squinting	d. Lip lesion	c. Wheeze	d. Hemorrhoids	d. Scoliosis	d. Corrected
	e. Eczema	e. Pale conjunctivae	e. Enlarged tonsils w/o exudates	e. Murmur	e. Tenderness	e. Lordosis	e. Treated
	f. Impetigo/boil	f. Ear discharge	f. Inflamed pharynx	f. Deformed chest	f. Genital Discharge	f. Kyphosis	f. Advised/Counseled
	g. Hematoma	g. Impacted cerumen	g. Enlarged thyroid gland	g. Distant heart sounds	g. Hernia	g. Bowlegs/knock knees	g. Referred
	h. Bruises	h. Septal deviation	h. Speech defect	h. Irregular heart rate	h. Other, specify	h. Flat foot	h. Parents notified
	I. Cuts/lacerations	I. Nasal discharge	i. Dental problem	I. Others, specify		I. Club foot	I. Others, specify
	j. Allergy	j. Others, specify	j. Others, specify			j. Others, specify	
	k. Others, specify						

Note: Use letter to record ailments and place X if not examined

SCHOOL ORAL HEALTH EXAMINATION CARD

Elementary Pupils

MEDICAL HISTORY

	YES	NO
Allergy		
Asthma		
Anemia		
Bleeding Problem		
Heart ailment		
Diabetes		
Epilepsy		
Kidney disease		
Convulsion		
Fainting		

Guided Questions

Do you have a toothbrush? ___Y___N

How many times do you brush your teeth? ___once___2x___3x

How many times do you change your toothbrush in a year? ___

Do you use toothpaste in brushing? ___Y___N

How many times do you visit the dentist in a year? ___once___2x

CONDITION AND TREATMENT NEEDS

CONDITION												LEFT	
RIGHT		55	54	53	52	51	61	62	63	64	65		
TEMPORARY TEETH													
PERMANENT TEETH													
CONDITION													
TREATMENT NEEDS													
TEMPORARY TEETH													
RIGHT		85	84	83	82	81	71	72	73	74	75	LEFT	
CONDITION													

ORAL HEALTH CONDITION

	Pre-Schooler	1	2	3	4	5	6
Gingivitis							
Periodontal Disease							
Malocclusion							
Supernumerary tooth							
Retained deciduous teeth							
Decubital ulcer							
Calculus							
Cleft lip/palate							
Root fragment							
Fluorosis							
Others, specify							

DENTAL PROCEDURES

	Pre-Schooler	1	2	3	4	5	6	Remarks
DATE								
Examination								
Sealant (G.I.)								
Gum Treatment								
Permanent filling								
ART								
Extraction								
Oral prophylaxis								
Referral								
Other oral treatment								

TEMPORARY TEETH

Index: d. f. t.
No. T/decayed
No. T/filled
Total d. f. t.

DATE OF VISITS

Pre-Schooler	1	2	3	4	5	6

PERMANENT TEETH

Index: D. M. F. T.
No. T/Decayed
No. T/Missing
No. T/Filled
Total D.M. F. T.
Total Sound Teeth

DATE OF VISITS

Pre-Schooler	1	2	3	4	5	6

SYMBOLS FOR MOUTH EXAMINATION

X - Tooth indicated for extraction
RF - Root fragment
M - Missing tooth
DU - Decubital ulcer
RD - recurrence of decay
Mal - malocclusion
Flu - Fluorosis

F - Tooth indicated for filling
Outline of filling - tooth with temporary filling
Heavy Shade - Permanent filling
(✓) - Sound/erupted Permanent tooth
Gn - normal
Gm - moderate gingivitis (1-2 quadrant)
Gs - severe gingivitis (3-4 quadrant)
CMR - complete mouth rehab

Artificial Restoration

JC - Jacket Crown
I - Inlay

SYMBOLS FOR ACCOMPLISHMENT

Xt - Extracted permanent tooth
xt - Extracted temporary tooth
Ag F - Amalgam filling
Sy F - Synthetic filling

OP - Oral Prophylaxis
ZOE - Zinc Oxide Eugenol filling
TF - Temporary filling
R - Referred