



Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

FEB 07 2022

MEMORANDUM

No. _____, s. 2022

SUBMISSION OF UPDATED HEALTH RECORD

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operations Division
Public Elementary and Secondary School Heads/OICs
All Others Concerned

1. SDO-Muntinlupa recognizes the need to keep our teaching and non-teaching personnel healthy and resilient especially during this time of COVID-19 pandemic.
2. In this regard, all personnel of this Division are enjoined to update their School Health Card Form 2. This aims to assess the health status of all SDO-Muntinlupa personnel, detect symptoms of potential illness, and refer further for a diagnostic test (Chest Xray, CBC, Urinalysis, Lipid Profile, and FBS).
3. Attached with this Memorandum is the School Health Card Form 2. The accomplished health records must be submitted to the school nurses/ clinic teacher for data consolidation.
4. The deadline of submission of the Consolidated Report of the schools shall be on or before March 11, 2021.
5. Immediate and wide dissemination of, and compliance with this Memorandum is desired.


DOMINICO C. IDANAN CESO V
Schools Division Superintendent

Enclosure: School Health Card Form 2
References: DepEd Memorandum No. 22, s.2015
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATION HEALTH

MML / DM – Submission of Updated Health Record
_____/ Feb. 7, 2022



 Student Center for Life Skills Bldg., Centennial Ave, Brgy Tunasan,
Muntinlupa City
 (02) 805-9935, (02) 805 - 9940
 sdomuntinlupa@gmail.com



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HEALTH CARD

Date: _____ Name: _____ Date of Birth: _____ Age: _____ Gender: **M** **F**
 School/District/Division: _____ Civil Status **S** **M** **W** **S**
 Position/Designation: _____ Years in Service: _____
 First Year in Service: _____

Family History: (pls. check)

	Y	N	Specify Relationship
Hypertension	[]	[]	_____
Cardiovascular Disease	[]	[]	_____
Diabetes Mellitus	[]	[]	_____
Kidney Disease	[]	[]	_____
Cancer	[]	[]	_____
Asthma	[]	[]	_____
Allergy	[]	[]	_____

Other Remarks: _____

Past Medical History: (check)

Y	N		Y	N
[]	[]	Hypertension	[]	[]
[]	[]	Asthma	[]	[]
[]	[]	Diabetes Mellitus	[]	[]
[]	[]	Cardiovascular Disease	[]	[]
[]	[]	Allergy (pls. specify) _____	[]	[]
		Tuberculosis		
		Surgical Operations (pls. specify) _____		
		Yellowish discoloration of skin/sclera		
		Last hospitalization (reason) _____		
		Other (pls. specify) _____		

Laboratory Last Taken

Date	Result	Date	Result	Others specify:
CXR/Sputum Result: _____	_____	Drug Testing: _____	_____	_____
ECG _____	_____	Neuropsychiatric exam: _____	_____	e.g. swab/ pap smear etc..
Urinalysis _____	_____	Blood Typing: _____	_____	

Social History

Smoking **Y** _____ **N** _____ Age started: _____ Sticks/packs per day: _____ Packs per year: _____
 Alcohol **Y** _____ **N** _____ How often: _____ Food preference: _____

OB Gyn History (pls. encircle) (Female Teachers)

Menarche: _____ Cycle _____ Duration _____
 Parity: **F** **P** **A** **L**
 Papsmear done: **Y** **N** if YES, When: _____
 Self Breast examination done: **Y** **N**
 Mass noted? **Y** **N** Specify where _____
 For Male personnel: Digital rectal examination done: **Y** **N** Date examined: _____
 Result: _____

PRESENT Health Status (pls. check if experienced within the last 3 months)

Y	N		Y	N
[]	[]	Fever when?: _____	[]	[]
[]	[]	Cough 2wks 1 month longer	[]	[]
[]	[]	Colds 2wks 1 month longer	[]	[]
[]	[]	Dizziness	[]	[]
[]	[]	Dyspnea/ Difficulty of breathing	[]	[]
[]	[]	Shortness of breathing	[]	[]
[]	[]	Asthma attack Frequency: _____	[]	[]
[]	[]	Difficulty to swallow	[]	[]
[]	[]	Chest pain	[]	[]
[]	[]	Back pain	[]	[]
[]	[]	Abdominal pain	[]	[]
[]	[]	Joint/extremity pains	[]	[]
[]	[]	Pelvic pain	[]	[]
[]	[]	Numbness of extremities	[]	[]
[]	[]	Feeling of fullness/ bloated stomach	[]	[]
[]	[]	Sore throat	[]	[]
[]	[]	Easy fatigability	[]	[]
[]	[]	Persistent Headache	[]	[]
[]	[]	Diarrhea Frequency: _____	[]	[]
[]	[]	Constipation	[]	[]
[]	[]	Painful urination	[]	[]
[]	[]	Oliguria/ Decreased urination	[]	[]
[]	[]	Polyuria/ Increased urination	[]	[]
[]	[]	Anosmia/ loss of smell	[]	[]
[]	[]	Ageusia/ loss of taste	[]	[]
[]	[]	Conjunctivitis	[]	[]
[]	[]	Sores that does not heal where? _____	[]	[]
[]	[]	Poor/loss of hearing	[]	[]
[]	[]	Syncope/fainting	[]	[]
[]	[]	Convulsions Frequency: _____	[]	[]

Weight loss without trying	[] []	Confusion	[] []
Vaginal discharge/ unusual bleeding	[] []	Changes in Mood	[] []
Blurring of vision	[] []	Depression	[] []
Wearing eyeglasses Vision? _____	[] []	Anxiety	[] []

Vital signs:

Blood pressure: _____	Height: _____
Blood Type: _____	Weight: _____

Covid-19 Vaccination Status / other Immunization / (list vaccines done in 3 months time)

Date: _____ Vaccine given: (e.g. anti-rabies, tetanus vaccine, HPV, etc..) _____

_____	_____
_____	_____
_____	_____
_____	_____

Present Medication/ Vitamins taken: (pls. specify)

name of drug/ dosage/ frequency _____

(e.g. Losartan 50mg, 1x/ day) _____

Legend: CXR	-	Chest X-ray	DM	-	Diabetes Mellitus	F	-	Full Term
EXG	-	Electro Cardio Gram	PTB	-	Pulmonary Tuberculosis	P	-	Pre-mature
Y	-	Yes	HPN	-	Hypertension	A	-	Abortion
N	-	No	CVD	-	Cardio Vascular Disease	L	-	Live Birth

SDO-Muntinlupa shall engage in the collection of health / medical information for the purposes of tracking, provision of necessary health / medical interventions. 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. I hereby authorize SDO-Muntinlupa to use, collect, and process the information for the purposes of the above stated.

SIGNATURE OVER PRINTED NAME

Assessed by:

SCHOOL HEALTH PERSONNEL

SDO MUNTINLUPA
 CONSOLIDATED ANNUAL HEALTH RECORD OF TEACHING AND NON TEACHING PERSONNEL
 SCHOOL: _____
 C.Y. 2022

HEALTH RECORD	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
Total Population			0			0			0	0
Assessed			0			0			0	0
Referred			0			0			0	0
TOTAL NUMBER	0	0	0	0	0	0	0	0	0	0

FAMILY HISTORY	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
Hypertension			0			0			0	0
Cardiovascular disease			0			0			0	0
Diabetes			0			0			0	0
Kidney Disease			0			0			0	0
Cancer			0			0			0	0
Asthma			0			0			0	0
Allergy			0			0			0	0
Others			0			0			0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

MEDICAL HISTORY	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
Hypertension			0			0			0	0
Asthma			0			0			0	0
Diabetes			0			0			0	0
Cardiovascular disease			0			0			0	0
Tuberculosis			0			0			0	0
Cancer			0			0			0	0
Kidney Disease			0			0			0	0
Allergy			0			0			0	0
Others			0			0			0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

SOCIAL HISTORY	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
Smoking			0			0			0	0
Alcohol			0			0			0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

COMORBIDITIES FOUND	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
			0			0			0	0
			0			0			0	0
			0			0			0	0
			0			0			0	0
			0			0			0	0
			0			0			0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

w/ MEDICATION	TEACHERS			NTP-NATIONAL			NTP CITY PAID			GRAND TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	Male	Female	TOTAL	
Maintenance			0			0			0	0
Vitamins			0			0			0	0
Others			0			0			0	0
TOTAL	0	0	0	0	0	0	0	0	0	0

Prepared by:

School Nurse

Noted:

School Head