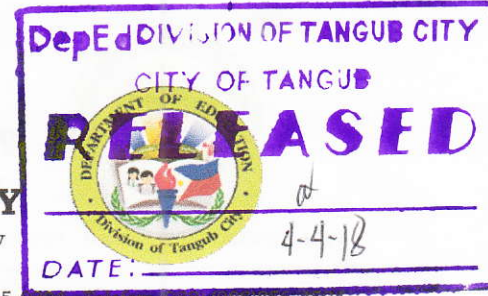




Republic of the Philippines  
Department of Education  
Region X – Northern Mindanao  
**DIVISION OF TANGUB CITY**  
Anecito Siete St., Mantic, Tangub City



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April 2, 2018

**DIVISION MEMORANDUM**  
No. 89 , s. 2018

**ANNUAL PHYSICAL EXAMINATION OF DepEd EMPLOYEES  
TEACHERS AND NON-TEACHING PERSONNEL**

To: **Chief Education Supervisors (CID/GOD)**  
**Education Program Supervisors**  
**Senior Education Specialist/Education Program Specialist**  
**School Division Office (SDO)**  
**Public Elementary / Secondary Head Teachers/TIC**  
**Teaching and Non-teaching Personnel**  
**This Division**

1. In compliance with the Civil Service Commission Memorandum Circular No. 17, s 1989 and DepEd Memo.No.22, s 2015, all DepEd teaching and non-teaching personnel shall undergo the annual physical examination.
2. Chest X-ray and other laboratory examinations shall only be done as recommended by the physician.
3. The Annual Health Clearance (Form 86) which is equivalent health clearance certificate may be filled out / signed by any government-licensed physician.
4. Schools Administrators / Section Chiefs/Heads are enjoined to provide administrative support for the effective operations of the Annual Health Clearance / Check-up in their areas of responsibility.
5. Schools Administrators / Section Heads are advised to inform their teacher and non-teaching personnel to undergo the health examination during the months of April through May.
6. Immediate and wide dissemination of this Memorandum is desired.

**JEAN G. VELOSO**  
Assistant Schools Division Superintendent  
OIC - Schools Division Superintendent

JGV/wtm/04-02-18



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**GENERAL FORM 86**

Date: \_\_\_\_\_

**HEALTH EXAMINATION RECORD**

**A. GENERAL INFORMATION**

Name: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 District: \_\_\_\_\_  
 School: \_\_\_\_\_

Department: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Years in Service: \_\_\_\_\_

**B. HEALTH STATUS:**

Height (Cm.) \_\_\_\_\_  
 Temperature: \_\_\_\_\_

Weight (kg.) \_\_\_\_\_

**Respiratory System:**

Respiratory Rate: \_\_\_\_\_  
 Throat: \_\_\_\_\_  
 Ear: \_\_\_\_\_  
 Hearing: Right Ear: \_\_\_\_\_  
 Chest X-ray: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_  
 Tongue: \_\_\_\_\_  
 Nose: \_\_\_\_\_  
 Left Ear: \_\_\_\_\_  
 Sputum: \_\_\_\_\_

**Circulatory System:**

Blood Pressure: Systole: \_\_\_\_\_  
 Heart Rate: \_\_\_\_\_  
 CBC: \_\_\_\_\_

Diastole: \_\_\_\_\_  
 Blood Type: \_\_\_\_\_

**Digestive System:**

Mouth: \_\_\_\_\_

Teeth & Gums: \_\_\_\_\_

**Reproductive System:**

Urinalysis: \_\_\_\_\_

Skin: \_\_\_\_\_

**Nervous System:**

Eye Conjunctiva: \_\_\_\_\_  
 Locomotor: \_\_\_\_\_  
 Vision: Without Eyeglasses: \_\_\_\_\_

Color Perception: \_\_\_\_\_

With Eyeglasses: \_\_\_\_\_

**Immunization:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**RECOMMENDATION:** \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Physician/ Medical Officer  
 (Signature over Printed Name)  
 License No. \_\_\_\_\_  
 PTR: \_\_\_\_\_