



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CITY SCHOOLS – TAGBILARAN
City of Tagbilaran



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April 12, 2019

DIVISION MEMORANDUM

No. 168 S. 2019

ANNUAL PHYSICAL EXAMINATION OF DEP TEACHING AND NON-TEACHING PERSONNEL

To : Public Elementary School Heads
Public Secondary School Heads
Division Office Personnel
All Others Concerned

1. For the information and guidance of all concerned, enclosed is a copy of Memorandum DM-PFO-2018-0292 dated March 05, 2018 signed by Undersecretary Jesus L.R. Mateo relative to the annual physical examination of all teaching personnel pursuant to Civil Service Commission Memorandum Circular No. 17, s., 1989, Section 22 (Medical Examination and Treatment) of Republic Act No. 4670 other wise known as Magna Carta of Public School Teachers.
2. The Medical Certificate should be duly signed by a licensed government physician.
3. The following medical examinations are required :
 - A. Blood Test
 - B. Urinalysis
 - C. Chest X-ray
4. All signed medical results will be submitted at the Division Office Health Section before May 31, 2019.
5. Medical Certificate CS Form No. 211 is attached.
6. Immediate dissemination to this Memorandum is desired.

NERI C. OJASIRO, Ed. D., CESE

Asst. Schools Division Superintendent
OIC, Office of the Schools Division Superintendent



Republic of the Philippines
Department of Education

Tanggapan ng Pangalawang Kalihim

Office of the Undersecretary

MEMORANDUM

DM-PFO-2018- 0292

TO: Regional Directors
Schools Division Superintendents

FROM: JESUS L.R. MATEO
Undersecretary

SUBJECT: *Annual Physical Examination of DepEd Teaching Personnel*

DATE: 2 March 2018

Pursuant to Civil Service Commission Memorandum Circular No. 17, s. 1989, all teaching personnel of the Department of Education (DepEd) are required to undergo annual physical examination. At the same time, Section 22 (Medical Examination and Treatment) of Republic Act No. 4670 otherwise known as the *Magna Carta for Public School Teachers* provides that any compulsory medical examination shall be provided free of charge for all teachers not less than once a year during the teacher's professional life.

This provision was addressed by DepEd by entering into a collaboration with the Philippine Health Insurance Corporation (PhilHealth) on the expansion of the *Tamang Serbisyon Kalusugang Pamilya* (TSeKaP), formerly known as Primary Care Benefit 1 Package, coverage to include DepEd personnel. This collaboration was formalized with the issuance of PhilHealth and DepEd Joint Circular No. 001, s. 2014 and communicated through DepEd Memorandum No. 30, s. 2014.

In this regard, all Regional Directors and Schools Division Superintendents are instructed to ensure that services that may be availed through TSeKaP are maximized by DepEd teaching personnel, particularly diagnostic examinations that form part of the annual physical examination of teachers. In particular, SDOs are advised to:

1. Actively coordinate with PhilHealth in ensuring the issuance of PhilHealth Identification Numbers (PIN) to DepEd teaching personnel without PIN
2. Conduct advocacy and communication activities with DepEd teaching personnel
3. Put in place an efficient process of identifying and updating preferred TSeKaP providers for DepEd teaching personnel
4. Ensure prompt submission of updated List of Provider Assignment of DepEd Personnel to PhilHealth
5. Monitor provision of TSeKaP services to DepEd personnel and regularly provide feedback to PhilHealth on the quality of services provided

For your information and strict compliance.

MEDICAL CERTIFICATE

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ Blood Test
☒ Urinalysis
☒ Chest X-Ray
☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/>FIT / <input type="checkbox"/>UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		