



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
SCHOOLS DIVISION OF IMUS CITY

February 16, 2022

DIVISION MEMORANDUM

No. 60, s. 2022

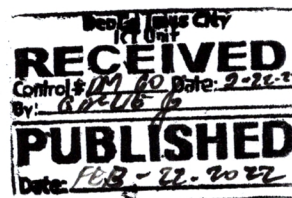
**MEDICAL AND DENTAL HEALTH INSPECTION OF LEARNERS OF SCHOOLS
PARTICIPATING IN THE EXPANDED PILOT IMPLEMENTATION
OF LIMITED FACE-TO-FACE LEARNING MODALITY**

To: OIC – Assistant Schools Division Superintendent
CID Chief
OIC – SGOD Chief
School Heads/ OICs (Public ES, IS, JHS, and SHS)
All Others Concerned

1. Relative to DepEd Order No. 28 s. 2018 entitled “Policy and Guidelines on Oplan Kalusugan sa Department of Education” and OUA Memo 00-0122-0123 entitled “Submission of Reports on the Utilization of Fluoride Varnish procured by the Central Office,” this Office, through the School Governance and Operations Division (SGOD) – School Health and Nutrition Section (SHNS), announces the conduct medical and dental health inspection including the application of dental fluoride varnish to learners of schools participating in the expanded pilot implementation of limited face-to-face learning modality on March 7, 2022 to June 30, 2022.
2. Only learners with parent’s consent shall be subjected to medical and dental health inspection. Fluoride varnish shall be applied to Kinder to Grade 3 learners with parent’s permission.
3. Inspection schedule will be closely coordinated by the SGOD-SHNS personnel to the school heads and clinic teachers.
4. It is understood that the minimum health and safety standards must be strictly observed during the conduct of the inspection.
5. Attached is the Medical and Dental Consent Form to be filled out by parents /guardians.
6. For inquiries and clarifications, please contact Dr. Marife R. Grossman, Dentist II, at (046) 419-8450 / 471- 1134 loc.225.



Address: Toclong I-C, Imus City, Cavite
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AJA18-0156

7. Immediate dissemination of and strict compliance with this Memorandum is earnestly desired.


ROSEMARIE D. TORRES, CESO V
Schools Division Superintendent 

Encl.: As stated

Reference: As stated

To be indicated in the Perpetual Index
under the following subject/s:

HEALTH EDUCATION
LEARNERS
SCHOOLS



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PAGSANG-AYON AT PAHINTULOT NG MAGULANG

Petsa: _____

Ako si _____, ni
(Kumpletong Pangalan ng Magulang/Tagapangalaga)

(Kumpletong Pangalan ng Bata)

_____, _____ ng _____ ay
(Edad) (Pangkat at Baitang) (Paaralan)

pumapayag na sumailalim ang aking anak sa/sa mga sumusunod na *Medical and Dental procedure* na walang bayad.

Lagyan ng tsek (✓) ang napiling *procedure*:

- _____ 1. Health Inspection
- _____ 2. Dental Inspection
- _____ 2. Fluoride Varnish Treatment (Pampatibay ng ngipin)

Signature Parent/Guardian