



2506-1015

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

DIVISION MEMORANDUM

No. 352, s.2025

**ADDENDUM TO DIVISION MEMORANDUM NO. 344, s. 2025 OR THE
"SCHEDULE AND ACTIVITIES OF SCHOOL HEALTH AND NUTRITION
PERSONNEL DURING THE OPENING OF CLASSES
FOR THE SY 2025-2026"**

To: Public Elementary and Secondary School Heads
All Others Concerned

1. This is in addendum to the Division Memorandum No. 344, s. 2025 which includes the List of Schools To be Monitored During the Opening of Classes SY 2025-2026.
2. The following schools shall be scheduled for the School Health and Nutrition Assessment as follows:

Addendum to Division Memorandum No. 344 s. 2025	NAME OF SCHOOLS
June 18, 2025	Tamag ES
July 2, 2025	Salindeg-Pongol-Barraca ES

3. All other provision stated in Division Memorandum No. 344, s. 2025 remain in effect.
4. Immediate dissemination of this memorandum is desired.



Vilma D. Eda
VILMA D. EDA, CESO V
Schools Division Superintendent



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
Telephone No: (077) 722-20-23 / (077) 632-05-33
Email Address: vigan.city@deped.gov.ph
Website: www.depedvigancity.com
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MKPT 2025





2506-812

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

DIVISION MEMORANDUM

No. 344, s.2025

**SCHEDULE AND ACTIVITIES OF SCHOOL HEALTH AND NUTRITION
PERSONNEL DURING THE OPENING OF CLASSES
FOR THE SY 2025-2026**

To: Public Elementary and Secondary School Heads
All Others Concerned

1. In accordance with DepEd Memorandum No. 012, s. 2025 titled "Multi-Year Implementing Guidelines on the School Calendar Year and Activities," the Schools Division Office of Vigan City, through the School Health and Nutrition Section (SHNS), will conduct health assessments for learners during the opening of classes for SY 2025-2026 on **June 17-July 4, 2025**.

2. Anent this, the School Health and Nutrition (SHN) personnel will conduct the following health services for sustainable and improved school health and safety:

- a.) Height & Weight Taking- *all grade levels*
- b.) Visual & Hearing Screening - *the priority are Kinder to Grade 3*
- c.) Oral Health Examination- *the priority are Kinder to Grade 3*
- d.) Immunization History- *all grade levels*
- e.) Review of Medical and Family History- *the priority are Kinder to Grade 3*

3. Schools are also instructed to coordinate and request assistance from Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNS). Schools are also advised to prepare the Master List and Health Cards for learners (SHD Form 1, SHD Form 1-A, Form 1-B, and Form 1-C). These forms can be accessed through the following link: <https://tinyurl.com/yue86mcm>.

4. Attached is a copy of the itinerary of activities and consent for health services during the conduct of the health assessment for your reference.

5. This memorandum shall serve as the locator slip for all personnel involved in the activity.

5. For any queries, you may contact *Dr. Arlyn D. Batulan* at mobile number 09771031648.

SCHOOLS DIVISION OFFICE
DEPED VIGAN CITY

16 JUN 2025

RELEASED

BY: _____



Widest dissemination of this memorandum is desired.

Vilma D. Eda
VILMA D. EDA, CESO V
Schools Division Superintendent

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Enclosure No. 1:

**ITINERARY OF SCHOOL HEALTH AND NUTRITION PERSONNEL DURING THE
OPENING OF CLASSES FOR THE SY 2025-2026**
June 17-20, 2025

School Health and Nutrition Personnel	Schedule Date/s	School Assignment
Arlyn Dela Pena Batulan, MD Laurie Angela Martinez Agati Maria Korynne Paz Taborda Jhobelle Cabatu Guzman Cherry Lyn Pugal Marcos	June 17, 2025	Raois ES,
	June 18, 2025	Camangaan ES,
	June 19, 2025	Ayusan-Paoa ES Burgos Memorial School East,
	June 20, 2025	Cabaroan-Cabalangegagan ES
	June 23, 2025	Vigan National High School East Nagsangalan ES
	June 24, 2025	San Julian ES Capangpangan ES
	June 25, 2025	Vigan Central School
	June 26, 2025	MindoroES, Governor Evaristo Singson MS
	June 27, 2025	Bulala-Paratong ES Vigan National High School West
	June 30, 2025	Burgos Memorial School West
	July 1, 2025	Jose Singson ES
	July 2, 2025	Pantay Integrated School
	July 3, 2025	Rugsuanan-Puroc ES
	July 4, 2025	ISNHS



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Consent for Health Services

This is to express my approval for my child to receive free health services provided by the Department of Education, Department of Health, City Government of Vigan and this school.

These free Health Services that needs consent include the following:

Date:	Health Services	Other Details (Coverage and Schedule)	Pls. check (v) the services you want your child to receive
	1. School-Based Deworming (Pinag-purga) Ref: DepEd Memo no. 80, s. 2015 "Guidelines on the Implementation of the National School-Deworming Day"	Kinder to Grade 12, 1 st round -every July and 2 nd round – every January	<input type="checkbox"/>
	2. School-Based Immunization (Bakuna) c/o City Health Office Ref: DM 128, s. 2016 "Implementation of School-Based Immunization Program" • Please get immunization history from the immunization card and parents during start of classes	Measles and Rubella Vaccine	<input type="checkbox"/>
		Tetanus and Diphtheria Vaccine	<input type="checkbox"/>
		Human Papillomavirus Vaccine (HPV Vaccine) for female learners only	<input type="checkbox"/>
	3. Medical and Oral Health Examination and Appropriate Intervention Ref: DO no. 65, s. 2009 "Implementation of Essential Health Care Program (EHCP) for the School Children"	Part of the School Health Program for the school children	<input type="checkbox"/>
	4. Nutritional Status Assessment and Appropriate Intervention (Height and Weight taking of all learners) Ref: DO no. 51, s. 2016 "Implementation of the School-Based Feeding Program"	School Feeding Program (for Undernourished School Children) Health and wellness Program (Over nourished school children)	<input type="checkbox"/>
	5. Vision and Hearing Screening Ref: Deped Order No. 12 s. 2025 "Multi Year Implementing Guidelines on the School Calendar and Activities"		<input type="checkbox"/>

Name of Student: _____

Name and Signature of Parent/Guardian

Home Address: _____

Contact No.: _____

Contact No: _____

School: _____ Grade and Section: _____

Name of Adviser: _____

Reason for Refusal/ Rason no apay nga saan palubosan ti anak/ubbing:

Date: _____

To: Schools Division Superintendent/City Mayor:

Name and Signature of Parent/ Guardian



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