



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

DIVISION MEMORANDUM
 No. 62, s. 2026

**CONDUCT OF VARIOUS SCHOOL HEALTH AND NUTRITION PERSONNEL
 ACTIVITIES FOR SY 2025-2026**

To: Assistant Schools Division Superintendent
 Chief Education Supervisors
 Public Secondary, Elementary and Integrated School Heads
 All Others Concerned

1. **In line with the Oplan Kalusugan sa DepEd (OKD) program**, which aim to ensure learners' health and safety in order to achieve their full educational potential, foster healthier behaviors and promote better learning outcomes, this Office, through the **School Health and Nutrition Unit (SHNU) Team**, shall conduct the following activities starting 1st week of February until completed:
 - a. Second Dose of School-Based Deworming- *All Learners*
 - b. Vision Screening- *Start with ARAL Program Identified Learners*
 - c. Validation of height and weight- *School-Based Feeding Beneficiaries*
2. **All schools** are directed to secure the signed **parents' consent** prior to the conduct of the said health activities.
3. Attached herewith are copies of the **Schedule of Activities** and **Parent's Consent Form** for reference.
4. For **questions and clarifications**, please contact the Division Nurses Ms. Laurie Angela M. Agati at 09165138277 or Ms. Maria Korynne P. Taborda at 09353915611.
5. Immediate and wide dissemination of this Memorandum is desired.



VILMA D. EDA, CESO V
 Schools Division Superintendent





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Enclosure No. 1

SCHEDULE OF SCHOOL HEALTH AND NUTRITION ACTIVITIES

**I. SECOND DOSE OF SCHOOL-BASED DEWORMING AND
VALIDATION OF HEIGHT AND WEIGHT FOR SBFP
BENEFICIARIES**

PUBLIC ELEMENTARY SCHOOLS	SCHEDULE
GROUP 3 <i>Nagsangalan ES Rugsuanan-Puroc ES Raois ES Cabaraaoan-Cabalangegan ES Capangpangan ES Camangaan ES San Julian ES</i>	1st week of February 2026
GROUP 2 <i>Ayusan-Paoa ES Mindoro ES Buros Memorial School West Governor Evaristo Singson II MS Bulala-Paratong ES Jose Singson ES</i>	2nd Week of February 2026
GROUP 1 <i>Vigan Central School Tamag ES Burgos Memorial School East Salindeg, Pong-ol, Baracca ES Pantay Integrated School</i>	3rd week of February 2026





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II. VISION SCREENING OF ARAL IDENTIFIED LEARNERS

PUBLIC ELEMENTARY SCHOOLS	SCHEDULE
GROUP 1 <i>Vigan Central School Tamag ES Burgos Memorial School East Salindeg, Pong-ol, Baracca ES Pantay Integrated School</i>	February 24, 2026 (Tuesday)
GROUP 2 <i>Ayusan-Paoa ES Mindoro ES Burgos Memorial School West Governor Evaristo Singson II MS Bulala-Paratong ES Jose Singson ES</i>	February 26, 2026 (Thursday)
GROUP 3 <i>Nagsangalan ES Rugsuanan-Puroc ES Raovis ES Cabaraaoan-Cabalangegan ES Capangpangan ES Camangaan ES San Julian ES</i>	February 27, 2026 (Friday)

***Catch-up for the above-mentioned activities will be conducted during the first to fourth weeks of March 2026.**



CONSENT FORM FOR LEARNERS' HEALTH ASSESSMENT AND SCREENING

Date:

I. Data Privacy Notice

The Department of Education (DepEd) shall engage in the collection of health/medical information for the purposes of tracking, provision of necessary health/medical interventions, and educational purposes. 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.

For inquiries, requests and concerns regarding your data privacy rights, please contact the data privacy compliance officer, team of the school, schools division office or regional office concerned.

By affixing my signature at the end of this document, I hereby consent and authorize the Department of Education to use, collect, and process the information for the purposes of the above stated.

II. Components of Learner Health Assessment and Screening (LHAS)

III. Consent to Health Assessment and Screening

I, _____, (Full name) the parent/ parent - substitute/ legal guardian of _____, (Full name of learner) _____, (Age) _____ years old, _____ (Sex) learner in _____, (Grade level) _____

(Name of school) have been properly and fully informed about the details of the learners' health assessment and screening. I understand that participation is voluntary and choosing whether to participate or not will have no effect on the grade, treatment, or care of my child/ward. I am aware that non-participation may lead to my child/ward being unable to join certain programs and services that require the information collected in the procedures listed above.

By affixing my signature below, I hereby state that:

Please mark the space with a (✓) and place your signature at the end of this document.

Nutritional Assessment

Determining the height and weight of Kinder to Grade 6 learners to get their nutritional status as basis for inclusion to the School-Based Feeding Program (SBFP).

personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor hygiene practices, and provide health education.

School-Based Deworming

Is a public health initiative to mass-administer deworming tablets to school children (ages 1-19) to combat soil-transmitted helminths (STH), improving health and education by reducing worm infections, often held twice yearly (Jan/July in PH) with school/community participation.

Vision screening

A non-diagnostic procedure aimed at early detection and management of vision problems among learners. This may be done by teachers (for Kindergarten learners and non-readers) and non-teaching personnel (for Grades 1 and 7) who have received appropriate training, school health personnel, or local partners.

	I CONSENT for my child/ward to undergo the following assessments/screening:	I DO NOT CONSENT for my child/ward to undergo the following assessments/screening:
Nutritional Assessment (Height and Weight)		
Deworming		
Vision screening		

*Signature above Printed Name
(Parent/parent-substitute/legal
guardian)*

Date

LEARNER'S ASSENT FORM FOR HEALTH ASSESSMENT AND SCREENING

I have been informed of the details of the Learner Health Assessment and Screening and that my parent/parent-substitute/guardian has given permission for me to participate. My participation is voluntary and I have been told that I may stop my participation at any time. I understand that If I choose to participate or not, will not affect my grade, treatment, or care in any way, except in activities that require the information collected in the procedures listed above.

*Signature above Printed Name
(Learner)*

Date

PAHINTULOT NG MAGULANG PARA SA HEALTH ASSESSMENT AT SCREENING

Petsa:

I. Data Privacy Notice

Ang Department of Education (DepEd) ay mangongolekta ng impormasyong pangkalusugan/medikal para sa mga layuning pagsubaybay, pagbibigay ng kinakailangang mga interbensyon, at mga layuning pang-edukasyon. Ang mga impormasyong ito ay ipoproseso alinsunod sa mga probisyon ng Data Privacy Act at ng Data Privacy Policy ng DepEd.

Ang impormasyong ito ay mananatiling kumpidensyal alinsunod sa mga probisyon ng Basic Education Act at maaari lamang ibahagi sa ibang mga ahensya ng gobyerno o mga ibang partido na napapailalim sa Data Sharing Agreement para sa mga lehitimong layunin lamang, alinsunod sa mga alituntunin ng data privacy.

Para sa mga katanungan, kahilingan, at alalahinan tungkol sa iyong mga karapatan sa privacy ng data, mangyaring makipag-ugnayan sa data privacy compliance officer, team ng paaralan, schools division office, o regional office na kinauukulan.

Sa pamamagitan ng aking paglagda, pinahihintulutan ko ang DepEd na gamitin, kolektahin, at iproseso ang impormasyon para sa mga layuning nakasaad sa itaas.

III. Pahintulot para sa Health Assessment and Screening

Ako si _____, ang
magulang/tagapangalaga ni _____ (Buong Pangalan),
lalaki/babae _____ (Buong Pangalan ng mag-aaral), taong gulang,
(Baitang) _____ (Kasarian) sa
_____ (Paaralan)

nang wasto at ganap health assessment at screening para sa mga mag-aaral. Alam ko na ang paglahok ng aking anak/alaga ay boluntaryo at ang mag-aaral/magulang/tagapangalaga ay may karapatang bawiin ang pahintulot ngayon o kailanman sa pamamagitan ng pagpapadala ng kasulatan sa eskwelahan, nang walang epekto sa grado o kalidad ng matatanggap na serbisyo ng aking anak/alaga. Naiintindihan ko na ang hindi paglahok ay maaaring humantong sa hindi pagkasali ng aking anak/alaga sa mga partikular na programa at serbisyo na nangangailangan ng impormasyong nakolekta sa mga pamamaraang nakalista sa itaas.

Sa pamamagitan ng paglalagay ng aking lagda sa ibaba, ipinapahayag ko na:

Markahan ang kaukulan checkbox ng (✓) at ilagay ang lagda sa dulo ng dokumento.

	PINAHIHINTULUTAN KO ang aking anak/alaga na sumailalim sa learner health assessment at screening	HINDI KO PINAHIHINTULUTAN ang aking anak/alaga na sumailalim sa learner health assessment at screening
Nutritional Assessment (Height and Weight)		
Deworming		
Vision screening		

*Pangalan at Lagda
(Magulang)*

Petsa

PAGSANG-AYON NG MAG-AARAL PARA SA HEALTH ASSESSMENT AT SCREENING

Naipaalam sa akin ang mga detalye ng Learner Health Assessment and Screening at na ang aking magulang/tagapangalaga ay nagbigay ng pahintulot para sa akin na lumahok. Ang aking pakikilahok ay voluntaryo at sinabihan ako na maaari kong ihinto ang aking paglahok anumang oras. Naiintindihan ko na ang aking desisyon makilahok o hindi ay hindi makakaapekto sa aking grado, paggamot, o pangangalaga sa anumang paraan, maliban na lamang sa mga aktibidad na nangangailangan ng impormasyong nakolekta sa mga pamamaraang nakalista sa itaas.

*Pangalan at Lagda
(Mag-aaral)*

Petsa