



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

2602-1349

DIVISION MEMORANDUM

No. 131, s. 2026

SCHEDULE OF MEDICAL CHECK-UP OF RSPC PARTICIPANTS

To: Assistant Schools Division Superintendent
 Chief Education Supervisors, CID & SGOD
 Elementary and Secondary School Heads
 (Public, Private & Laboratory Schools)
 All Others Concerned

1. In view of the SY 2025-2026 Regional Schools Press Conference scheduled on March 10-13, 2026 in Batac City, please advise the campus journalists and their coaches to secure medical certificate from our Division Medical Officer, Dr. Arlene D. Batulan on the following schedule:

Time		February 19, 2026
9:00 - 11:00 AM		VCS (20) BPES (3) SPBES (4)
11:00 - 12:00 PM		RES (2) CCES (3) CamES (3)
1:30 - 3:00 PM		GES (5) MES (2) BMSW (5) PIS (1) APES (7)
3:00 - 5:00 PM		SJES (5) CapES (2) NES (2) VNHSE (7) VNHSW (2)
February 20, 2026		
9:00 - 12:00 PM		ISNHS (Busilak 41)
1:30 - 3:00 PM		ISNHS (Dove 27)
3:00 - 5:00 PM		DWCV (9) ICMS (4)

2. Campus journalists are reminded to present the following documents, attached to this memo, during their scheduled medical check-up:

- Parents' permit/consent
- Pre-accomplished Medical History Form for Learners
- Printed copy of the medical certificate form

3. Participants from the University of Northern Philippines may secure their medical certificate from the University Medical Officer.

4. Immediate dissemination of this memorandum is desired.



Encls.: As stated

Reference: RM No. 154, s. 2026

To be included in the Perpetual Index

Under the following subjects:

CAMPUS JOURNALISM

FORMS

LEARNERS

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.depedvigan.com

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MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally seen and examined

Name _____

_____ years old, female/male, from

and was found to have

Essentially normal physical examination findings at the time of examination.

With findings _____

ARLYN D. BATULAN, MD
Medical Officer III
License No. 110495

Date: _____





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MEDICAL HISTORY FORM FOR LEARNERS

I. GENERAL DATA

Name: _____ Date of Assessment: _____

Date of Birth: _____ Age: _____ Sex: _____
Present Address: _____

(House/Bldg. No. Street Address) (Barangay) (Town)

Name of School: _____
Grade level/Section: _____

II. FAMILY HISTORY

A. Parents

Name of Father: _____ Age: _____ Occupation: _____

Contact Number: _____

Mother's Name (Maiden): _____ Age: _____ Occupation: _____

Contact Number: _____

B. Siblings: (In Birth Order)

Name	Age & Sex	Name	Age & Sex
1.	4.		
2.	5.		
3.	6.		

C. Familial Illness (please √ check appropriate box)

1. Tuberculosis	5. Allergy (Specify: _____)
2. Diabetes Mellitus	6. Hypertension
3. Cancer	7. Others: _____
4. Bronchial Asthma	

III. PERSONAL HISTORY

Age of mother during pregnancy: _____

Manner of Patient's delivery: _____ NSD _____ CS Indication: _____

Place of Birth: _____ Birth Weight: _____

Newborn Screening Result: _____

A. Past Illness: _____ Date/Age _____

Date/Age _____

Varicella (Chicken Pox)	Pneumonia
Measles	Dengue





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Mumps		Hand, Foot and Mouth Disease	
Bronchial Asthma		Seizure	
Primary Complex(PTB)		Others: (Please Specify)	
Allergy			

B. Previous Hospitalization/Surgery (Include illness, date of confinement and name of hospital)

C. Present Illness: Include date when signs and symptoms first appeared, over-the-counter medicines given and consultation to Physician sought

IV. ENVIRONMENTAL HISTORY

A. Exposures: (✓ if Yes or No)

Cigarettes Yes No From who? _____, Date exposed _____
Vape Yes No From who? _____, Date exposed _____
Environmental Pollutants Yes No, Date exposed _____
Specify pollutant: _____

B. Garbage Disposal: (✓ check)

Collected Compost Pit Burned

C. Water Source: (indicate)

Drinking _____
Washing _____

V. IMMUNIZATIONS:

Vaccines	Date	Date	Date	Date	Date
BCG					
Hepa B					
DPT					
IPV/OPV					
PCV					
Rota Vaccine					
Influenza					
Measles					
Varicella					
Japanese Encephalitis					
MMR					





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Hepa					
HPV					
COVID-19 V					
Others (Specify)					

VI. SUPPLEMENTATIONS**Date Received**

Iron Supplement
Vitamin A (200,000 iu)
Albendazole 400 mg
Mebendazole 500mg

Accomplished by:

Signature over Printed Name of Parent/Guardian
Contact Number:





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Date: _____

PARENTAL CONSENT

I/We, the undersigned, hereby willingly and voluntarily give full consent for my/our son/daughter, _____, to participate in the 2026 Regional Schools Press Conference in Batac City, Ilocos Norte on March 10-13, 2026, (inclusive of travel dates).

I/We have thoroughly considered the potential benefits that my/our child will derive from their participation in this activity, and I/We fully understand that the personnel of the Department of Education (DepEd) cannot be held liable for any unforeseen incidents or circumstances beyond their control. However, I/We have confidence that the DepEd personnel will exercise due care, diligence, and necessary precautions to ensure the health and safety of my/our son/daughter.

Furthermore, I/We hereby authorize the personnel of the Department of Education to collect, process, retain, and dispose of the personal information of the aforementioned learner in strict accordance with the provisions outlined in the Data Privacy Act of 2012.

I/We acknowledge that this consent form remains valid throughout the duration of the aforementioned event, and I/We understand that I/We have the right to revoke this consent in writing at any time, provided that sufficient notice is given to the relevant authorities.

By signing below, I/We affirm that I/We have read and understood the contents of this consent form, and I/We willingly and voluntarily provide our consent as indicated.

Signature of Father Over
Printed Name

Signature of Mother Over Printed
Name

Verified:

Adviser/Coach
(Signature Over Printed Name)

School Head
(Signature Over Printed Name)

