



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

2602-1478

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

No. 133, s. 2026

**SCHEDULE OF MEDICAL CHECK-UP OF PARTICIPANTS
TO THE 2026 REGIONAL FESTIVAL OF TALENTS**

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

1. In preparation for the 2026 Regional Festival of Talents (RFOT), tentatively scheduled on March 4-6, 2026 in Laoag City, all contestants and coaches are advised to secure medical certificate from our Division Medical Officer, Dr. Arlyn Batulan.

2. The schedule of medical check-up is as follows:

Time	Date	Events	No. of Participants	School	
9:00 a.m.-10:00 a.m.	February 24, 2026	Cinemunti	9	ISNHS	
		Dokyuwento	4	ISNHS	
		Techno Fusion	3	VCS/BPES	
		Pop Quiz	2	ISNHS	
		TOTAL	18		
10:00 a.m.-11:00 a.m.		STEMazing	6	ISNHS/NES	
		Advocacy Pitch	4	ISNHS	
		Desk Mates	3	ISNHS	
		Literary Cup	6	ISNHS	
		TOTAL	19		
1:30 p.m. – 2:30 p.m.		Bake Cares	5	ISNHS	
		Likhawitan	6	ISNHS	
		Flavor Fame	6	ISNHS	
		TOTAL	17		
		PinasSayaw	16	ISNHS	
2:30 p.m. – 3:30 p.m.		Cabin Craft	2	ISNHS	
		TOTAL	18		

3. Participants are advised to bring the following documents attached to this memo, during their scheduled medical check-up.

- Parent's permit/consent
- Pre-accomplished Medical History Form for learners
- Printed copy of the medical certificate form.





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4. Immediate and wide dissemination of this Memorandum is desired.

Vilma D. Eda, CESO V
Schools Division Superintendent

Encls: As stated
Reference: none
To be indicated in the Perpetual Index
Under the following subjects:

FORMS LEARNERS

CID/SSCorTel/DMScheduleofMedicalCheck-UpofRFOTParticipants
February 20, 2026





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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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A. Past Illness: Date/Age

Date/Age

Varicella (Chicken Pox)		Pneumonia	
Measles		Dengue	
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					





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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 Festival of Talents in Laoag City, Ilocos Norte on March 4-6, 2026.

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)

