



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:

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
		<b>TOTAL</b>	<b>18</b>	
10:00 a.m.-11:00 a.m.		STEMazing	6	ISNHS/NES
		Advocacy Pitch	4	ISNHS
		Desk Mates	3	ISNHS
		Literary Cup	6	ISNHS
		<b>TOTAL</b>	<b>19</b>	
1:30 p.m. – 2:30 p.m.		Bake Cares	5	ISNHS
		Likhawitan	6	ISNHS
		Flavor Fame	6	ISNHS
		<b>TOTAL</b>	<b>17</b>	
2:30 p.m. – 3:30 p.m.		PinasSayaw	16	ISNHS
		Cabin Craft	2	ISNHS
		<b>TOTAL</b>	<b>18</b>	

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.



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos

Telephone No: (077) 722-20-23 / (077) 632-05-33

Email Address: vigan.city@deped.gov.ph

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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)



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