



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

28 MAY 2026

DIVISION MEMORANDUM

No. 297, s. 2026

**CONDUCT OF HEIGHT AND WEIGHT TAKING AND DEWORMING ACTIVITIES IN
THE 21 PUBLIC SECONDARY AND ELEMENTARY SCHOOLS VIGAN CITY**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Elementary and Secondary School Heads
School Health and Nutrition Personnel
All Others Concerned

1. Pursuant to DepEd Order No. 28, s. 2018 and in support of the implementation of School Health and Nutrition Programs, this Office announces the conduct of Height and Weight Taking and Deworming Activities in the twenty-one (21) public schools of the Vigan City from June 2 to June 16, 2026.
2. The activity aims to establish the baseline nutritional status of learners and strengthen the implementation of health and nutrition interventions for School Year 2026-2027.
3. Relative thereto, all schools are directed to:
 - a. Conduct height and weight taking using calibrated weighing scales and functional height measuring scales to ensure accuracy and reliability of data;
 - b. The Body Mass Index (BMI) Software and Nutritional Status Templates
 - c. Secure and accomplish the attached Parent/Guardian Consent Forms (Attachment 1) for health and nutrition programs and activities, including deworming;
 - d. Coordinate and request assistance from the Barangay Health Workers and other local health personnel during the conduct of the activities; and
 - e. Ensure proper accomplishment and validation before submission of reports.
4. Personnel from the School Health and Nutrition Unit shall provide technical assistance and conduct monitoring during the implementation of the height and weight taking and deworming activities.
5. The accomplished Baseline Nutritional Status Report shall be submitted to the School Health and Nutrition Unit on or before June 17, 2026 for checking and consolidation of reports.
6. Immediate dissemination of and strict compliance with this Memorandum is desired.



VILMA D. EDA, CESO V
Schools Division Superintendent



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Lama/05-26-2026



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)

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.

III. Consent to Health Assessment and Screening

I, _____, the parent/ parent - substitute/ legal guardian of _____, _____ years old, _____ learner in _____
(Full name) *(Full name of learner)* *(Age)* *(Sex)*
Male/Female, *(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.

	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 layunin ng 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 alalahanin 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 _____, _____ taong gulang,
lalaki/babae (Buong Pangalan) (Buong Pangalan ng mag-aaral) (Kasarian)
(Batang) (Paaralan) sa

_____, ay naiintindihan 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 matatangap 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:

II. Mga Bahagi ng Health Assessment at Screening

Nutritional Assessment

Pagsukat ng tangkad at timbang ng mag-aaral upang makuha ang kanyang nutritional status.

School-Based Deworming

Ito ay isang pampublikong inisyatiba sa kalusugan upang mass-administer ang mga tabletang deworming sa mga batang mag-aaral (edad 1-19) upang labanan ang soil-transmitted helminths (STH), pagpapabuti ng kalusugan at edukasyon sa pamamagitan ng pagbabawas ng mga impeksyon sa bulate, na kadalasang ginaganap dalawang beses bawat taon (Ene/Hulyo sa PH) na may partisipasyon sa paaralan/komunidad.

Vision screening

Layunin ng pagsusuring ito ang maagang pagtuklas at pamamahala ng mga problema sa mata ng mga mag-aaral. Hindi nito layuning magbigay ng diagnosis. Ito ay at maaaring gawin ng mga guro (para sa Kindergarten at hindi pa nakababasa) at iba pang empleyado ng DepEd (para sa iba pang baitang) na nakatanggap ng angkop na pagsasanay, health personnel, o mga lokal na katuwang.

Markahan ang kaukulang 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 boluntaryo at sinabihan ako na maaari kong ihinto ang aking paglahok anumang oras. Naiintindihan ko na ang aking desisyong 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