Republic of the Philippines
Department of Education
CARAGA REGION

OCT 23 2023

October 23, 2023

REGIONAL MEMORANDUM
No. 1034, s. 2023

To: SCHOOLS DIVISION SUPERINTENDENTS
This Region

SUBMISSION OF OPLAN KALUSUGAN SA DEPED REPORTS

1. In reference to DepEd Order No. 28, s. 2018, Policy and Guidelines on Oplan Kalusugan sa Department of Education (OK sa DepEd), reports shall be submitted to the regional office for collation and submission to the central office.

2. In this regard, all division OK sa DepEd focal persons and respective flagship program coordinators shall submit the following reports:

a. OK sa DepEd Accomplishment Report for SY 2022-2023 using the OKD Form B on or before October 31, 2023, through email at caragaessd.hnu@deped.gov.ph.
b. OKD Action Plans for SY 2023-2024 on or before October 31, 2023, through email at caragaessd.hnu@deped.gov.ph.
c. Quarterly Medical and Nursing Services Report using attached template through caragaessd.hnu@deped.gov.ph on the following deadlines:

Quarterly Report	Deadline of Submission
3rd Quarter 2023	October 27, 2023
4th Quarter 2023	January 5, 2024
1st Quarter 2024	April 5, 2024
2nd Quarter 2024	July 5, 2024

d. Monthly National Drug Education Program (NDEP) Reports every 7th day of the month through ndep@deped.gov.ph cc: caragaessd.hnu@deped.gov.ph.
e. Monthly School-Based Feeding Program Progress Report every 10th day of the month through https://bit.ly/SBFP_ProgressReport.

3. For your information and dissemination.

MARIA INES C. ASUNCION
Director III
Officer-in-Charge
Office of the Regional Director

Encl/s.: As stated
Reference/s: DO 28, s. 2018
To be indicated in the Perpetual Index
under the following subjects:
OPLAN KALUSUGAN SA DEPED REPORTS

ESSD/jcc
10/23/2023

(Enclosure No. 1 to Regional Memorandum No. 1024, s. 2023)

SDHCP Form 3: (Medical Services Accomplishment Report)

Division:_____

Quarter:_____

Grade Level	Health talks	Consultations Given		Services Delivered		Referral	Sub-total
		Online	Face to Face	Prescription	Treatment		
Kindergarten							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
T/NT							
Grand total							

Number of Schools Visited	
SDHCP Clinic Hubs	
Non SDHCP Clinic Hubs	

Partnership / Linkages Established	

Online Seminars/Trainings Attended with Inclusive Dates	
Date	**Topic/Course Title**
Other Relevant Accomplishment	

Submitted By:

Contents noted:

_____

Approved:

(Enclosure no. 2 to Regional Memorandum No. 1024, s. 2023)

MONTHLY / ANNUAL HEALTH SERVICES ACCOMPLISHMENT REPORT

SY: _____

Total No. of Elem. Schools Visited _____

Total No. of Sec. Schools Visited _____

	Number		Number
I. General Information			
A. School Enrolment			
a. Male		b. Female	
B. No. of School Personnel			
1. Teaching			
a. Male		b. Female	
2. Non-Teaching			
a. Male		b. Female	
II. Health Services			
A. Health Appraisal			
1. No. of Assessed:			
a. Learners		b. Teachers	
c. NTP			
2. No. with Health Problems			
a. Learners		b. Teachers	
c. NTP			
3. No. of Vision Screening (Learners)			
B. Treatment Done			
a. Learners		b. Teachers	
c. NTP			
C. No. of Pupils Dewormed			
a. 1st Round		b. 2nd Round	
D. No. of Pupils Given Iron Supplement			
E. No. of Pupils Immunized (Specify vaccine given)			

F. No. of consultation attended

a. Learners ____ b. Teachers ____

G. Referral (No. Referred to)

a. Physician ____ b. Dentist ____

d. Other facilities ____ e. RHU/ District/ Provincial Hospital ____

				No.
III. Health Education				
	A. No. of Classes given health lectures:			
	B. No. of orientation training conducted to:			
		a. Learners		
		b. Teachers		
	C. No. of conferences/meeting with:			
		a. Teachers/ Adminstrators		
		b. Health officials		
		c. Learners		
		d. Parents		
		e. LGU/Barangay		
		f. NGO's/Stakeholders		
	D. Involvement as Resource Person/ Consultant/ Adviser/ Judge			
		a. Health Activities/ programs/ contests		
		b. Class Discussion		
		c. Health Clubs/ Organization		
IV. School Community Activities for Health and Nutrition				
	A. PTA/ Homeroom Organization Meetings			
	B. Parent Education Seminar/ Workshop/Training			
	C. Home Visits Conducted			
	D. Hospital Visits made			
V. Common Signs & Symptoms				
	A. Nutritional Status			
		a. Normal Weight		
		b. Wasted / Underweight		
		c. Underweight / Severely Wasted		

		d. Overweight		
		e. Obese		
		f. Normal Height		
		g. Stunted		
		h. Severly stunted		
		i. Tall		
	B. Vision / Auditory			
		Vision Auditory		
		a. Passed _____ b. Failed _____ a. Passed _____ b. Failed _____		
	C. Skin and Scalp			
		a. Presence of Lice (Pediculosis)		
		b. Redness of Skin		
		c. White Spots		
		d. Flaky Skin		
		e. Impetigo/Boil		
		f. Hematoma		
		g. Bruises/Injuries		
		h. Itchiness		
		i. Skin lesions		
		j. Acne / Pimple		
		h. Capillary refill greater than 3 seconds		
		i. Others, specity		
	D. Eye and Ears			
		a. Inflamed fluid		
		b. Eye Redness		
		c. Ocular Misalignment		
		d. Pale Conjuctiva		
		e. Matted Eyelashes		
		f. Eye Discharge		
		g. Ear Discharge		
		h. Impacted Cerumen		
		i. Mucus Discharge		
		j. Nosebleeding (Epistaxis)		
		k. Other, specify		
	E. Mouth / Neck / Throat			
		a. Presence of Lessions		
		b. Inflammed Pharynx		

		c. Enlarged tonsilis		
		d. Enlarged lymphnodes		
	F. Health and Lungs			
		a. Rales		
		b. Wheeze		
		c. Murmur		
		d. Irregular hear rate		
		e. Colds		
		f. Cough		
		g. Others, specify		
	G. Deformities			
		a. Acquired (Specify)		
		b. Congenital (Specify)		
	H. Abdomen			
		a. Distended		
		b. Abdominal Pain		
		c. Tenderness		
		d. Dysmenorrhea		
		e. Others, specity		
	I. Dental Service			
		1. Gingivitis		
		2. Periodontal Disease		
		3. Malocclussion		
		4. Supernumerary Teeth		
		5. Retained decidous Teeth		
		6. Decubital Ulcer		
		7. Calculus		
		8. Cleff Lip/ Palate		
		9. Flourosis		
		10. Others / Specify		
		11. Total # of DMFT		
		12. Total # of dmft		

I. Other Signs & Symptoms Noted: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____

9.

VI. Remarks:

_____

_____

_____

_____

Prepared by:

_____

Name / Designation

Noted by:

_____

Name / Designation