



Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY
Digos City

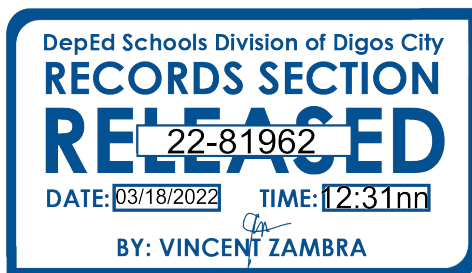
DIVISION MEMORANDUM
No. 156, s.2022

March 17, 2022

**SUBMISSION OF WEEKLY SUMMARY OF HEALTH STATUS OF PERSONNEL,
LEARNERS AND VISITORS IN ALL PARTICIPATING SCHOOLS IN THE EXPANDED
IMPLEMENTATION OF LIMITED FACE TO FACE CLASSES**

To: Public Schools District Supervisors
Health and Nutrition Personnel
Elementary and Secondary Schools Administrators
Senior High School of Digos City Administrator
Secondary Nurse
All Others Concerned

1. Attached herewith is an Unnumbered Memorandum from Allan G. Farnazo, Director IV, Region XI re Submission of Weekly Summary of Health Status of Personnel, Learners and Visitors in all Participating Schools in the Expanded Implementation of Limited Face to Face Classes.
2. In light with the expansion of the implementation of limited face to face classes in the Region. The Regional Office through the Education Support Services would like to inform all participating schools in the expanded implementation of limited face to face classes on the submission of weekly summary of health status of personnel, learners and visitors which will be consolidated weekly using the Covid-19 Monitoring Tools attached in the Department of Education – Department of Health Joint Memorandum Circular No. 1, series of 2021.
3. Attached is the Annex A, B and C for reference of template in the reports that will be submitted to the District Nurses every Friday and to be forwarded/ submitted to Hazel Marie L. Escabillas - Division Nurse for consolidation.
4. The division nurse will submit the consolidated report to the Regional Office through Mr. Stephen Mark T. Castres, RN – Regional COVID-19 Focal.
5. Soft copies of the weekly reporting templates will be posted in all Health and Nutrition group chats (GC).
6. For widest dissemination and strict compliance.




CRISTY C. EPE
Schools Division Superintendent 





DEPARTMENT OF EDUCATION
REGION XI
CITY SCHOOLS DIVISION OF DIGOS



Annex A

WEEKLY SUMMARY OF HEALTH STATUS OF PERSONNEL AND LEARNERS

SCHOOL _____

Inclusive Dates:

NAME	Category Personnel/ Learner	Grade Level/ Section	Date Reported	Symptoms Observed/ Reported	Actions Taken (Referred to)	Covid-19 Status per follow-up (Positive/ Negative)

Prepared by:

Noted by:

Clinic Teacher

School Head



DEPARTMENT OF EDUCATION
REGION XI
CITY SCHOOLS DIVISION OF DIGOS



Annex B

WEEKLY SUMMARY OF HEALTH STATUS OF VISITORS

SCHOOL _____

Inclusive Dates:

NAME	Date of Visit/s	Purpose of Visit	Date Reported	Symptoms Observed/ Reported (Pleas enumerate all)	Actions Taken (Referred to)	Covid-19 Status per follow-up (Positive/ Negative)

Prepared by:

Noted by:

Clinic Teacher

School Head



**DEPARTMENT OF EDUCATION
REGION XI
CITY SCHOOLS DIVISION OF DIGOS**



Annex C

CLASSROOM DAILY HEALTH MONITOTING TOOL FOR COVID-19

GRADE LEVEL: _____

SECTION: _____

Fv - Fever

F/T - Fatigue/ Tiredness

ST - Sore Throat

LoA Loss of Appetite

C - cough

DB - Difficulty of Breathing

C/RN Colds/RunnyNose

R- Rashes

D - Diarrhea

HA - Headache

A - Absent

EN - Essentially Normal

LoT - Loss of Taste

LoS - Loss of Smell

N- Nausea

Others: (please specify)

NAME	SYMPTOMS OBSERVED/ REPORTED				
	Date	Date	Date	Date	Date
	Monday	Tuesday	Wednesday	Thursday	Friday

NOTE: As soon as any of the LISTED SYMPTOMS is observed among any of the learners, the teacher is expected to send the learner to the School Clinic immediately for the proper management by the School Clinic Teacher or health personnel.

Submitted by:

Noted by:

Classroom Adviser: _____

Clinic Teacher: _____

Recd



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

MEMORANDUM

To : Schools Division Superintendents



Subject: SUBMISSION OF WEEKLY SUMMARY OF HEALTH STATUS OF PERSONNEL, LEARNERS, AND VISITORS IN ALL PARTICIPATING SCHOOLS IN THE EXPANDED IMPLEMENTATION OF LIMITED FACE-TO-FACE CLASSES

Date : March 9, 2022

In light with the expansion of the implementation of limited face-to-face classes in this Region. The Regional Office through the Education Support Services would like to inform all participating schools in the expanded implementation of limited face-to-face classes on the submission of weekly summary of health status of personnel, learners and visitors which will be consolidated weekly using the COVID-19 Monitoring Tools attached in the Department of Education-Department of Health Joint Memorandum Circular No. 1, series of 2021.

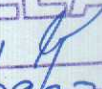
Attached is the Annex A, B, C and D for reference as template in the reports that will be submitted in this Office weekly (every Friday) through Stephen Mark T. Castres, Regional COVID-19 Focal.

Immediate and wide dissemination of this Memorandum is desired.


ALLAN G. FARNAZO
Director IV 

Enclosed: As stated
ROE/smtc

DEPARTMENT OF EDUCATION RO
RECORDS SECTION
RELEASED

By: 
Date: 03/09/2022 Time: 3:49
0322-1540



Address: F. Torres St., Davao City (8000)
Telephone Nos.: (082) 291-1665; (082) 221-6147



WEEKLY SUMMARY OF HEALTH STATUS OF PERSONNEL AND LEARNERS

Inclusive Dates: _____

School _____

Name	Category (Personnel/Learner)	Grade Level/ Section	Date Reported	Symptom(s) Observed/Reported	Action Taken (Referred to)	COVID-19 Status per Follow-Up (Positive/Negative)

Prepared by: _____

Noted: _____

Clinic Teacher/Nurse _____

School Head _____

School _____

WEEKLY SUMMARY OF HEALTH STATUS OF VISITORS
Inclusive Dates: _____

Name	Date of Visit/s	Purpose of Visit	Date Reported	Symptom(s) Observed/Reported (Please Enumerate ALL)	Action Taken (Referred to)	COVID-19 Status per Follow-Up (Positive/Negative)

Prepared by: _____

Clinic Teacher/Nurse

Noted:

School Head _____

CLASSROOM DAILY HEALTH MONITORING TOOL FOR COVID-19

Grade Level:

Section:

Instruction: Write under each column date the code(s) of the symptom(s) observed in the learner during the routine inspection, during the conduct of the class, or as reported by the learner or their classmates. Refer to the list of symptoms below and their respective codes:

- | | | | |
|-----------------------|----------------------------|-----------------------|-------------------------|
| Fv Fever | DB Difficulty of breathing | A Absent | Others (Please specify) |
| F/T Fatigue/Tiredness | C/RN Colds/runny nose | EN Essentially Normal | |
| ST Sore throat | R Rashes | LOT Loss of taste | |
| LoA Loss of appetite | D Diarrhea | LOS Loss of smell | |
| C Cough | HA Headache | N Nausea | |

NAME	Symptoms Observed/Reported				
	Date	Date	Date	Date	Date
	Monday	Tuesday	Wednesday	Thursday	Friday

Note: As soon as any of the listed symptoms is observed among any of the learners, the teacher is expected to send the learner to the School Clinic immediately for the proper management by the School Clinic Teacher or health personnel.

Submitted by:

Noted by:

Classroom Adviser

Clinic Teacher

Annex D

Health Declaration Form

Full Name <i>(Buong Pangalan)</i> :	Date <i>(Petsa)</i> (MM/DD/YY) :
	Time <i>(Oras)</i> :
Complete Current Address <i>(Kasalukuyang tirahan)</i> :	
Mobile/Phone Number <i>(Numero ng telepono)</i> :	
Email Address :	

Put a check mark on the appropriate column of your response. *(Lagyan ng tsek sa angkop na sagot.)*

	Yes <i>(Oo)</i>	No <i>(Hindi)</i>
1. Are you experiencing or did you have any of the following in the last 14 days? <i>(Ikaw ba ay may noraranason o nakaranas ng mga sumusunod na sintomas sa nakaraang 14 na araw?)</i>	a. Fever <i>(Lagnat)</i>	
	b. Cough and/or Colds <i>(Ubo at/o Sipon)</i>	
	c. Body pains <i>(Pananakit ng katawan)</i>	
	d. Sore Throat <i>(Pananakit o pamamaga ng lalamunan)</i>	
	e. Fatigue/Tiredness <i>(Pagkapagod)</i>	
	f. Headache <i>(Pananakit ng ulo)</i>	
	g. Diarrhea <i>(Pagtatae)</i>	
	h. Loss of taste or smell <i>(Nawalan ng panlasa o pang-amoy)</i>	
	i. Difficulty of breathing <i>(Pagkahapo o hirap sa paghinga)</i>	
2. Have you had face-to-face contact with a probable or confirmed COVID-19 case within 1 meter and for more than 15 minutes for the past 14 days? <i>(May nakasalamuha ka ba na maaring o kumpirmadong pasyente na may COVID-19 mula sa isang metrong distansya or mas malapit pa at tumagal ng mahigit 15 minuto sa nakalipas na 14 araw?)</i>		
3. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper "Personal Protective Equipment (PPE)" for the past 14 days? <i>(Nag-alaga ka ba ng maaring o kumpirmadong pasyente na may COVID-19 ng hindi nakasuot ng tamang PPE (Personal Protective Equipment) sa nakalipas na 14 araw?)</i>		
4. Have you traveled outside the Philippines in the last 14 days? <i>(Ikaw ba ay nagbiyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)</i>		
5. Have you traveled outside the current city/municipality where you reside? <i>(Ikaw ba ay nagbiyahe sa labas ng iyong lungsod/munisipyo?)</i> If yes, specify which city/municipality you went to <i>(Sabihin kung saan)</i> : _____		

I hereby certify that the information given is true, correct and complete. I understand that failure to answer any question or any falsified response may have serious consequences. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 20 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature *(Lagda)* : _____

Source: COMELEC (Note: Ask DOH of standard declaration form, and appropriate action per reported information [e.g., do not allow entry if they checked "yes" to any statement?], if available.)