

Republic of the Philippines

Department of Education

DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD -2023- 0억3

To Assistant Schools Division Superintendent

> Curriculum Implementation Division **Education Program Supervisors** Public Schools District Supervisors

School Heads of Public Elementary and Secondary Schools

All Others Concerned

Subject: ACCOMPLISHMENT OF HEALTH DECLARATION FORMS AS

PART OF THE DETECTION STARTEGY FOR HAND, FOOT, AND

MOUTH DISEASE

Date March 20, 2023

This is in reference to the Regional Memorandum No. ESSD-2023-044 dated February 6, 2023, entitled "Reiteration of the Regional Memorandum No. ESSD-2023-032 and on the Prevention, Detection, Isolation, Treatment, and Re-Integration Strategy for Hand, Foot, and Mouth Disease", it is reiterated that the accomplishment of health declaration forms (using the attached prescribe format) shall be practiced again as part of the detection strategy in schools since rising cases of hand, foot, and mouth disease (HFMD) and mild cases of COVID-19 were noted all over Region XI.

The sporadic but constant and fluctuating cases of HFMD in the country coupled with the existing threats of COVID-19 should not be a reason for complacency, therefore constant vigilance is encouraged in all schools through the activation of the Preventive Alert System in School (PASS) to conduct surveillance among learners and teachers upon entry in schools/classrooms wherever is appropriate.

Further, existence of isolation rooms/booths in schools should be revitalized to cater to the identified suspect or probable cases of HFMD, COVID-19, and even other communicable diseases that are highly contagious once noted in schools.

Private schools are highly encouraged to follow these guidelines and other issued guidelines on PDITR Strategies in schools as contained in the Regional Memorandum No. ESSD-2023-044 and in the Regional Memorandum No. ESSED 2023-032.

For information and compliance.

lepEd Schools Division of Digos City RECORDS SECTION

CRISTY C EPE

hools Division Superintenden

OSDS/HNU/mpeht UATE:

Address: Roxas cor. Lopez Jaena Street, Zone II, Digos City (8002)

Telephone Nos.: (082) 553-8375; (082) 553-8396



Enclosure: As st





Republic of the Philippines

Department of Education

DAVAO REGION

Office of the Regional Director

REGIONAL MEMORANDUM ESSD-2023-081

To

Schools Division Superintendents

Attention: SDO - Medical Officers

SDO - Hand, Foot, and Mouth Disease Focal Persons

Subject:

ACCOMPLISHMENT OF HEALTH DECLARATION FORMS AS PART OF THE DETECTION STRATEGY FOR HAND, FOOT, AND MOUTH DISEASE

Date :

March 15, 2023

Relative to the Regional Memorandum No. ESSD-2023-044 dated February 6, 2023, entitled "Reiteration of the Regional Memorandum No. ESSD-2023-032 and on the Prevention, Detection, Isolation, Treatment, and Re-Integration Strategy for Hand, Foot, and Mouth Disease", it is reiterated that the accomplishment of health declaration forms (using the attached prescribe format) shall be practiced again as part of the detection strategy in schools since rising cases of hand, foot, and mouth disease (HFMD) and mild cases of COVID-19 were noted all over Region XI.

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Immediate and wide dissemination of this Memorandum is desired.

By the Authority of the Regional Director

MARIA INES C. ASUNCION

ALLAN G. FARNAZO Director IV

Enclosed: As stated

Director III Office of the Assistant Regional Direct



Address: F. Torres St., Davao City (8000) Telephone Nos.: (082) 291-1665; (082) 221-6147 ISO 9001:2015 - Certified

Pepartment of Education Region XI

HEALTH DECLARATION SLIP

Signature:

Date:	Date:
Name:	Name:
Contact Number:	Contact Number:
Contact Number.	Contact Number:
Body Temp:	Body Temp:
Do you have any of the symptoms below from the last 7 days till present? (Encircle your answer) Fever: Yes None	Do you have any of the symptoms below from the last 7 days till present? (Encircle your answer) Fever: Yes None
Tiredness Yes None	Tiredness Yes None
Dry Cough Yes None	Dry Cough ———— Yes None
Sore Throat Yes None	Sore Throat Yes None
Body Aches & Pains Yes None	Body Aches & Pains Yes None
Loss of taste or smell Yes None	Loss of taste or smell Yes None
Chest pain Yes None	Chest pain Yes None
Difficulty in Breathing: Yes None	Difficulty in Breathing: Yes None
Mouth SoresYes None	Mouth SoresYes None
Skin RashesYes None	Skin RashesYes None
Travel for the last 7 days:	Travel for the last 7 days:
Have you had face-to-face contact with a probable or	Have you had face-to-face contact with a probable or
confirmed COVID-19/HFMD case within 1 meter and for more	confirmed COVID-19/HFMD case within 1 meter and for more
than 15 minutes for the past 7 days?	than 15 minutes for the past 7 days?
Signature:	Signature:
Department of Education	Department of Education
Region XI	Region XI
HEALTH DECLARATION SLIP	HEALTH DECLARATION SLIP
Date:	Date:
	Date,
Name:	Name:
Contact Number:	Contact Number:
O. A. Tombo	
Body Temp:	Body Temp:
Do you have any of the symptoms below from the last 7 days till present? (Encircle your answer)	Do you have any of the symptoms below from the last 7 days till present? (Encircle your answer)
Fever: Yes None	Fever: Yes None
Tiredness Yes None	Tiredness Yes None
Dry Cough Yes None	Dry Cough Yes None
Sore Throat Yes None	Sore Throat Yes None
Body Aches & Pains Yes None	Body Aches & Pains Yes None
Loss of taste or smell Yes None	Loss of taste or smell — Yes None
Chest pain Yes None	Chest pain Yes None
Difficulty in Breathing: Yes None	Difficulty in Breathing: Yes None
Mouth Sores	Mouth SoresYes None
Skin RashesYes None	Skin Rashes Yes None
Travel for the last 7 days:	Travel for the last 7 days:
Have you had face-to-face contact with a probable or	Have you had face-to-face contact with a probable or
confirmed COVID-19/HFMD case within 1 meter and for more	confirmed COVID-19/HFMD case within 1 meter and for more
than 15 minutes for the past 7 days?	than 15 minutes for the past 7 days?

Department of Education

Region XI

HEALTH DECLARATION SLIP