

Republic of the Philippines

## Department of Education

Caraga Region
SCHOOLS DIVISION OF SURIGAO DEL SUR

Office of the Schools Division Superintendent

September 15, 2020

Division MEMORANDUM No. 326, s. 2020

## SUBMISSION OF WEEKLY HEALTH DECLARATION FORM

To: Public-Schools District Supervisors & Districts In-Charge
Elementary and Secondary School Heads
Functional Division Chiefs & Section Head
This Division

- In light of the recent pronouncement of DOH CARAGA which officially declares local transmission in our province, division, district and school personnel are hereby required to submit accomplished weekly health declaration form when reporting physically in their workstation as part of the preventive measures against COVID-19.
- 2. The accomplished health declaration form will be filed and kept by the:
  - a. School Health & Nutrition Section in the division office.
  - b. District/school nurses in their respective workstation at district offices/schools. Offices/schools without nurses physically reporting in their workstation may assign alternatives such as clinic teacher to file and keep the copy. The assigned alternatives will coordinate with their respective nurses for any related concerns.
- 3. Attached is a copy of the division health declaration form which may be utilized by District offices/schools.
- For guidance and immediate dissemination.

JOSITA B. CARMEN, CESO V Schools Division Superintendent

Encl.: Health Declaration Form References:

To be indicated in the Perpetual Index under the following subjects:
Health declaration form

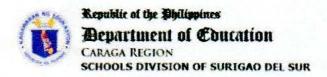
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## **HEALTH DECLARATION FORM**

HEALTH DECLARATION FORIST		
Name:	Age/Sex:	
Address:	Date:	
Contact Number:		
Pls. check (v) if applicable:	+CARAGA+SURIGAO DEL SUN \$50 ( 006 ) 211 3	
FEVER COUGH	mptoms do you currently have?  TIREDNESS LBM	
OTHERS:	SORETHROAT NONE	
A STATE OF THE STA	you have travel history from areas  YES NO (if yes, pls indicate	in Care.
principle,	rently I am not identified as	1
CONFIRMED CASES OF CO	OVID-19.	
I hereby declare that the a	above information I have provided	
is accurate to my knowledge. for any omission in disclosing	I understand that I am responsible vital information.	
I voluntarily and freely cor	nsent to the collection and sharing	
of the above betsolial illion	mation only in relation to DepEd	

I voluntarily and freely consent to the collection and sharing of the above personal information only in relation to DepEd Surigao del Sur COVID-19 internal protocols and in accordance with the DATA PRIVACY ACT.

I also commit to inform my superior about any symptoms that I may experience and/or having in contact with a CONFIRMED case after signing this declaration.

Signature Over Printed Name



Balilahan, Mabua, Tandag City, Surigao del Sur, 8300
 (086) 211-3225

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