




Republic of the Philippines  
**Department of Education**  
REGION IV-A  
SCHOOLS DIVISION OF QUEZON PROVINCE

	
DEPED QUEZON ICT UNIT	
<b>UPLOADED</b>	
Date/Time:	SEP 24 2025
By:	104 1:11
Ref. No.	DM 024-2025

23 September 2025

**DIVISION MEMORANDUM**

DM No. 024, s. 2025

**GUIDELINES FOR THE MEDICAL AND DENTAL EXAMINATION OF ATHLETES, COACHES, CHAPERONES, AND OFFICIALS FOR THE CALABARZON SPORTS EVENTS**

**To:** Assistant Schools Division Superintendents  
CID and SGOD Chiefs  
Education Program Supervisors  
Public Schools District Supervisors  
Public Elementary, Junior High and Senior High School Heads  
All Others Concerned

1. Attached herewith is Regional Memorandum No. 675, s. 2025 titled "Guidelines for the Medical and Dental Examination of Athletes, Coaches, Chaperones, and Officials for the CALABARZON Sports Events," for your guidance and reference.
2. This activity shall abide to the provisions of DepEd Order No. 9, s. 2005 titled "Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith" and Deped Order No. 15, s, 2024 titled "Multi-Year Implementing Guidelines on the School Calendar and Activities for the School Year 2025-2026" particularly in the prevention of disruption of classes.
3. Immediate dissemination and compliance with this Memorandum is desired.

  
**ROMMEL C. BAUTISTA, CESO V**  
Schools Division Superintendent

cid-ims/jsa/09/23/2025

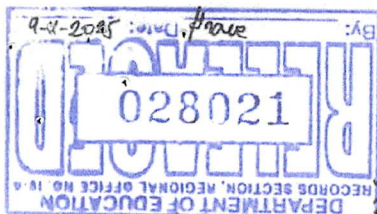
DEPEDQUEZON-TM-SDS-04-009-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon

Trunkline #: (042) 784-0366, (042) 784-0164,

(042) 784-0391, (042) 784-0321



**Department of Education**  
**REGION IV-A CALABARZON**

11 August 2025

**Regional Memorandum**

No. 675 s. 2025

**GUIDELINES FOR THE MEDICAL AND DENTAL EXAMINATION  
OF ATHLETES, COACHES, CHAPERONES, AND OFFICIALS  
FOR THE CALABARZON SPORTS EVENTS**

To: **Assistant Regional Director**  
**Schools Division Superintendents**  
**All Others concerned**

1. Relative to Memorandum OM-OUOPS-2025-05-01337<sup>1</sup>, and Regional Memorandum No. 187, s.2025<sup>2</sup>, this Office, through the Education Support Services-School Health Section, disseminates these **Guidelines for the Medical and Dental Examination of Athletes, Coaches, Chaperones, and Officials for CALABARZON Sports Events**.
2. This aims to:
  - a. guide all School Health Personnel and other Non-Teaching Personnel involved in the standard and proper conduct of the medical and dental examination of athletes, coaches, chaperones and officials, from the Lower Meet to the Regional Meet; and
  - b. implement a streamlined and efficient process for completing the Athletic Meet medical and dental examination forms.
3. The specific guidelines attached are:
  - Annex A- General Guidelines
  - Annex B- Medical Examination Guidelines
  - Annex C- Dental Examination Guidelines
  - Annex D- Process Flow of Screening
4. For inquiries and further clarifications, please contact Dr. Pearl Oliveth S. Intia, Medical Officer IV at [pearl.intia@deped.gov.ph](mailto:pearl.intia@deped.gov.ph), or Dr. Ma. Teresita G. Carpio, Dentist III at [materesita.carpio@deped.gov.ph](mailto:materesita.carpio@deped.gov.ph).
5. Immediate dissemination and strict compliance with this Memorandum are desired

**ATTY. ALBERTO T. ESCOBARTE, CESO II**

Regional Director

03/ROE3/ROE4

<sup>1</sup>Guidelines on the Eligibility of Athletes in the Division, Regional, and National Level for the 2025 Palarong Pambansa

<sup>2</sup>Series of Virtual Meetings of the Regional Screening and Accreditation Committee (RSAC) for the School Health Personnel



Address: Gate 2, Karangalan Village, Cainta, Rizal  
Telephone No.: 02-8682-2114  
Email Address: [region4a@deped.gov.ph](mailto:region4a@deped.gov.ph)  
Website: [depedcalabarzon.ph](http://depedcalabarzon.ph)



Certificate No. PHP QMS  
22 93 0085



## **Annex A. GENERAL GUIDELINES FOR THE MEDICAL AND DENTAL EXAMINATION**

### **I. During the Lower Meet/Division Meet**

1. The School Sports Coordinators/ coaches shall submit the Master list of athletes per event with grade level and school, including the names of the coaches on their scheduled medical examination.
2. For the medical and dental examination, all athletes must bring Medical Certificate Form 1, Medical Certificate Form 2, Dental Certificate for elementary athletes, Parents' Consent, and PSA Birth Certificate. The Division Screener shall share the Medical Certificate Forms through the coaches of different events. The coaches, assistant coaches, chaperones, and officials must bring Medical Certificate Form 3.
3. DepEd Medical Officers, government physician and private school physicians may sign, provided that the Schools Division Medical Officer and Dentist-In-Charge have oriented the non-DepEd physician on this guideline.

### **II. During Regional Meet/ Palarong Pambansa**

1. The master list of athletes from the Regional Screening and Accreditation Committee (RSAC) shall be released through the Regional Memorandum.
2. For medical and dental examinations during these events for athletes, the same Medical Certificate Forms 1, Medical Certificate 2, Dental Certificate for elementary athletes, and Medical Certificate Form 3 of coaches, assistant coaches, chaperones, and officials utilized from the Lower Meet and Division Meet will be used.
3. Only DepEd Medical Officers and Dentist-in-Charge may sign.

### **6. Other considerations**

1. **Medical Certificate.** A medical certificate duly signed by the physician, stating that the athlete is physically fit, is valid three (3) months before the opening of each level of competition. The complete name and signature of the physician shall appear on the medical certificate, with the license number and date of examination.
2. **Dental Certificate.** A dental certificate duly signed by the dentist, stating that the athlete is orally fit, is valid six (6) months before the opening of each level of competition. The complete name and signature of the dentist shall appear on the dental certificate, with the corresponding license number and date of examination. For the secondary level, athletes do not need to submit a dental certificate.

**7. Dissemination of this Guideline**

The DepEd Medical Officer and Dentist-in-Charge will be responsible in the dissemination and orientation of all involved stakeholders including private schools.

**8. Funding of activities**

Funding of activities will be charged to local funds subject to the usual accounting and auditing rules and regulations.

Figure 1. MC Form 1



- Name, age, sex, and sport event must be typewritten; National Screening and Accreditation Committee (NSAC) watermark must be embedded or overlaid on the main content to indicate authenticity, and only one or the same form must be used for all levels of sport events. Otherwise, the form will be invalid.
- At the completion, the four levels of sport events (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), must be duly signed with the complete name of the health professionals attending per sport screening level with their PRC license numbers. Nurses attending per level shall place their initials near the vital signs.
- Indicate in the "Remarks", the maintenance medicines and other notable observations, e.g. abnormal BPs after three (3) recordings will result in referral to a specialist for clearance.

## 2. Medical Certificate Form 2- Medical History

The image shows two pages of a Medical Certificate Form 2 - Medical History. The form is titled 'MEDICAL HISTORY' and is part of the 'Department of Education' documents. It contains various sections for medical history, including 'GENERAL INFORMATION', 'PRESENT ILLNESS', 'PAST ILLNESS', 'ALLERGIC REACTIONS', 'MEDICATIONS', 'FAMILY HISTORY', 'SOCIAL HISTORY', and 'PHYSICAL EXAMINATION'. The form is designed to be filled out by a medical professional and signed by the athlete and a guardian. The form includes a large 'NSAC' watermark. The form is divided into two pages, with the second page containing a 'Remarks' section and a 'Signature' section for the Guardian and Athlete.

Figure 2. MC Form 2 pages 1-2

- Name and birthdate must be typewritten; and NSAC watermark must be embedded for the same condition as MC Form 1. The signature of parent/guardian and athlete must be affixed to the form. Otherwise, the form will be invalid.
- At the completion, signature with complete name of the health professionals attending per sport screening level (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), their PRC license numbers, and the date of signing must be affixed to this form.
- Refer to the specialist for clearance once with the following observations/findings:

- ### 3. Medical Certificate Form 3- Athletes, Coaches, Chaperones and Officials

[illegible]

- Name, age, sex, and sport event must be typewritten; and NSAC watermark must be embedded or overlaid on the main content to indicate authenticity. Otherwise, the form will be invalid.
- At the completion, the four levels of sport events (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), must be duly signed with the complete name of the health professionals attending per sport screening level with their PRC license numbers. Nurses attending per level shall place their initials near the vital signs.
- Indicate in the “Remarks”, the maintenance medicines, and other notable observations, e.g. an abnormal BPs even after three (3) recordings will result in referral to a specialist for clearance.
- All Technical Officials should submit their MC Form 3-Medical Clearances as a group of the delegation to the RSAC medical committee. In this form, only the DepEd Medical Officer will sign.

- No pregnant athlete will be allowed to participate
- Secure clearances for the following:

- a. *Fit to Participate* from Obstetrician-Gynecologist for Pregnant officials and chaperones;
- b. *Fit to Play* from Orthopedic Physician, specifically if they have fractures that occurred within 6 months or remain symptomatic after;
- c. *Neurologic Clearance* from Neurologist, for Seizures, previous head injury/trauma
- d. *Medical or Endocrine Clearance* from Family Medicine Physician or Internal Medicine Physician or Endocrinologist for hypertension, coronary heart disease, arrhythmia, diabetes, thyroid disorders and other immunocompromised illnesses.
- o Additional documents for athletes in Special Sports Events for SWDL
  - a. Intellectual Disability Certification
    - Psycho- Educational Assessment Tests conducted and certified by Psychologist or DepEd SPED Supervisor indicating the Athlete's IQ level (70 and below)
  - b. Visual Impairment Certification
    - Test conducted and certified by an Ophthalmologist to determine the visual acuity (Totally Blind or Low Vision); and
  - c. Hearing Impairment Certification
    - Test conducted and certified by an Otorhinolaryngologist to determine that the athlete is unable to hear.
- o The Attending Medical Officer shall have the final decision in managing the athlete or delegate



## Annex C.

### DENTAL EXAMINATION GUIDELINES

#### I. Filling out of Dental Form

##### 1. Dental Health Record

- Follow the same format except for the revisions/ changes in the following in the **Updated Dental Health Record**:
  - a. Change "Treatment Needs" to "Treatment Performed" since the "Treatment Needs" can be identified in the dental chart and also indicated under the item "Findings".
  - b. "Sound Erupted Permanent Tooth" to "Sound Teeth" because of the possibility of presence of primary teeth which may also be sound/ intact or without defect/ caries.

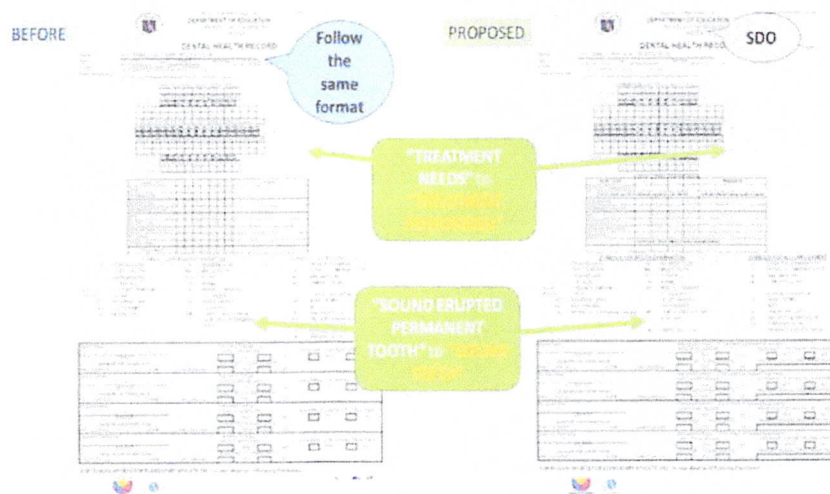


Figure 1. Dental Health Record with revisions

- Please ensure that you note the Schools Division Office (SDO) to which the athlete belongs in the Dental Health Record for accurate documentation.
- The following information must be typewritten: the participant's name, age, sex, and the sport event. The National Screening and Accreditation Committee (NSAC) watermark must be embedded or overlaid on the main content to indicate authenticity. Additionally, only one specific form should be used for all levels of sport events; otherwise, the form will be considered invalid.
- For the item "Name", please follow the format: "Last Name, First Name, Middle Initial."
- In the table referring to the educational level of the athlete participant, always indicate the "Year Level" and the "Date of Examination" per event meet, i.e., under the column "Lower/ District", if the dental examination is done during the Lower/ District Meet. Follow the same

procedure for the succeeding activities such as Division Meet, Regional Meet and Palarong Pambansa.

The figure shows two versions of a 'DENTAL HEALTH RECORD' form. The 'BEFORE' version on the left has a standard header and a large table for dental treatment. The 'PROPOSED' version on the right has an additional section at the top, highlighted by a red box and labeled 'Indicate Year Level & Date of Examination per Event Meet'. This section includes fields for 'Year Level' and 'Date of Examination'. Below this, the 'PROPOSED' form has a table with columns for 'Tooth', 'Treatment', 'Remarks', and 'Date of Examination'. The 'BEFORE' form's table has columns for 'Tooth', 'Treatment', and 'Remarks'.

Figure 2. Grade Level and Date of Examination

- Place a checkmark (✓) next to the treatment requested for each sport event screening. Options include: Sealant, Permanent Filling, ART, Extraction, Oral Prophylaxis, and Referral. Under the item "Remarks", indicate the areas/ tooth numbers affected or need dental management/ treatment.
- In the last table, write down the dentist's name and sign above the printed name. FILL IN ONLY the meetings attended and always indicate the date of examination, and the PRC License to make it valid. For the Remarks/Findings section, it is required to check (✓) the appropriate responses or provide details as necessary.

## II. Dental Examination

1. Dental Examination will begin at the Lower Meet and will be conducted for elementary-level athletes only.
2. Take note in the Dental Health Record Form if the athlete is wearing braces or orthodontic appliances. It is important to request Dental Clearance, particularly if the athlete is participating in combative/ contact sports that could increase the risk of injury or complications due to accidental contact or trauma to the oral tissues during play.
3. Indicate whether the third molar, commonly known as the wisdom tooth, is unerupted (UN) or put a check (✓) to confirm its presence or eruption in the Dental Health Record Form of the elementary athlete. Elementary athletes with 3rd molar are automatically disqualified, as its presence is one of the factors that determine if the athlete is overage for the sport they are participating in.<sup>3</sup>
4. For the purpose of standardization and uniformity, always use "D" for decayed tooth.

<sup>3</sup> Memorandum OM-OUOPS-2025-05-01337 with the subject "Guidelines on the Eligibility of Athletes in the Division, Regional, and National Level for the 2025 Palarong Pambansa" under Section 7: Grounds for Disqualification, Item B: Elementary athletes with 3<sup>rd</sup> molar tooth.



**Annex D.**

**SUMMARIZED PROCESS FLOW OF MEDICAL AND DENTAL EXAMINATION**

<b>SPORTS EVENT LEVEL</b>	<b>TASK</b>	<b>DATE OF CONDUCT</b>	<b>PERSON RESPONSIBLE</b>
<b>LOWER/ DIVISION MEET (Medical)**</b> <i>**Athletes who will be joining more than one (1) Sports Event must be included in separate Master Lists of the Sports Event and must secure for each event a Medical Certificate Form 1, Medical Certificate Form 2 and Dental Certificate if elementary athlete</i>	Submission of Masterlist* of athletes per event with the ff: 1. Name of SDO 2. Name of School 3. Name of Coach	Prior to Scheduled Medical Examination	Athlete / delegate, DSAC/ School Sports Coordinators/ Coaches
	-Securing and submission of Medical Certificate Forms 1 & 2, Parents' Consent Form, PSA Birth Certificate  -Submission of Medical Certificate Form 3	Scheduled Medical Examination  Scheduled Medical Examination	Athlete / delegate, DSAC/ School Sports Coordinators/ Coaches  Coaches, Assistant Coaches, Chaperones
	Checking of Medical History and vital signs	Scheduled Medical Examination	SDO Nurses
	Medical Examination utilizing Medical Forms as indicated	Scheduled Medical Examination	SDO Medical Officers
	Taking note of the pending medical clearance and the reason in the form	Scheduled Medical Examination	SDO Medical Officers SDO Nurses
	Issuance of Medical Certificates upon presentation of Medical Clearance duly signed by the Specialist Physician		SDO Medical Officers



<p><b>LOWER/ DIVISION MEET (Dental)**</b></p> <p><i>* **Athletes who will be joining more than one (1) Sports Event must be included in separate Master Lists of the Sports Event and must secure for each event a Medical Certificate Form 1, Medical Certificate Form 2 and Dental Certificate if elementary athlete</i></p>	<p>Submission of Masterlist of athletes per event with the ff:</p> <ol style="list-style-type: none"> <li>1. Name of SDO</li> <li>2. Name of School</li> <li>3. Name of Coach</li> </ol>	<p>Prior to Scheduled Dental Examination</p>	<p>Elementary Level Athlete, DSAC/ School Sports Coordinators/ coaches</p>
	<p>Dental Examination of athletes in Elementary level utilizing filled out Dental Health Record Form</p>	<p>Scheduled Dental Examination</p>	<p>SDO Dentists, Dental Aides, Elementary Level Athlete, School Sports Coordinators/ Coaches</p>
	<p>Pending dental certificate and issuance of referral to athletes needing dental treatment/clearance</p>	<p>Scheduled Dental Examination</p>	<p>SDO Dentists</p>
	<p>Issuance of Dental Certificate upon presentation of Dental Clearance duly signed by the attending dentist</p>		<p>SDO Dentists</p>
<p><b>REGIONAL MEET</b></p>	<p>Posting of Masterlist of athletes to participate in the RAAM/ Palarong Pambansa in a Regional Memorandum</p>	<p>Prior to Screening for the Regional Meet</p>	<p>RSAC</p>
	<p>Utilization of the same forms submitted during Lower/ Division Meet - Medical Certificate Forms 1 &amp; 2, Parents' Consent Form, PSA Birth Certificate</p>	<p>Scheduled Medical Examination</p>	<p>Athlete</p>

	- Medical Certificate Form 3	Scheduled Medical Examination	Coaches, Assistant Coaches, Chaperones
	Checking of Medical History and vital signs	Scheduled Medical Examination	SDO Nurses
	Medical Examination utilizing Medical Forms as indicated	Scheduled Medical Examination	SDO Medical Officers
	Elementary delegates will proceed to Dental Station. Secondary delegates and coaches will go to their respective DSAC.	Scheduled Dental Examination	SDO Dentists
	Taking note of the pending medical/ dental certificates and the reason in the screening form to be recorded in a Google Sheet intended for the purpose		Assigned SDO Nurses/SDO Dentists
	Issuance of Medical/ Dental Certificates upon presentation of Medical/ Dental Clearance duly signed by the attending physician/ dentist		SDO Medical Officers / SDO Dentists
<b>Pre- National Qualifying Meet towards Palarong Pambansa</b>	Review the submitted documents and streamline by reducing numbers of athlete delegations to play at the Palarong Pambansa		NSAC