



Republic of the Philippines
Department of Education
 NEGROS ISLAND REGION
SCHOOLS DIVISION OF SAGAY CITY

Aug 27, 2025

DIVISION MEMORANDUM

No. **513**, s. 2025

**ADDENDUM & CORRIGENDUM TO DIVISION MEMORANDUM NO. 452 s. 2025
 ENTITLED: GUIDELINES ON THE CONDUCT OF LOWER ATHLETIC MEETS UP TO
 PALARONG PAMBANSA FOR SY 2025-2026**

To: Assistant Schools Division Superintendent
 Chief Education Supervisors – CID & SGOD
 Public Schools District Supervisors
 Public Elementary and Secondary School Heads
 All Others Concerned

1. The field is hereby informed of the final School to School Medical Examination of Athletes for the District Athletic Meet level.
2. All Coaches shall bring the following documents on the day of medical examination (all athletes must have the complete set of forms a-d regardless of event):
 - a. **Parental consent** (enclosure no. 1) (MUST BE SIGNED BY THE PARENT/ GUARDIAN);
 - b. **Medical History** Form (enclosure no. 2);
 - c. **Medical Certificate** (enclosure no. 3) (MUST BE ANSWERED & SIGNED BY THE PARENT/ GUARDIAN);
 - d. **Dental Health Record** (enclosure no. 4);

NOTE: Forms not signed by the Parent/Guardian, no medical examination.

3. Below is the schedule of Medical Examination of Athletes, Coaches and Asst. Coaches for the District Meet Level:

District	Schedule	Venue	Time
1	September 2 (Tuesday)	Jose B.Puey Sr. ES Covered Court	9:00am- 4:00pm
2	September 3 (Wednesday)	Ma. Lopez Elem. School HE	9:00am- 4:00pm
3 & 8	September 4 (Thursday)	Team A- BCES Team B- Melchor Salcedo ES	9:00am-4:00pm 9:30am- 3:30pm
4 & 9	September 5 (Friday)	Team A- VNHS Team B- Molocaboc IS	9:00am- 2:30pm 10:00am-2:00pm
5 & 10	September 9 (Tuesday)	Team A- OSES Team B- Bulanon ES	9:00am- 4:00pm
6 & 8 & 9	September 10 (Wednesday)	Team A- Baviera ES (AM) LJES (PM) Team B- CDIS	9:00am- 12:00nn 1:00pm-4:00pm 9:30am-3:30pm
7	September 11 (Thursday)	Team A- Hautea IS (AM) F. Pascual ES (PM) Team B- GLES	9:00am- 12:00nn 1:00pm-4:00pm 9:00am-4:00pm
8	September 12 (Friday)	Bato NHS	9:00am- 4:00pm
9	September 15 (Monday)	Team A- ELMIS Team B- HBIS	9:00am- 4:00pm 9:30am- 3:30pm
10	September 16 (Tuesday)	SNHS	9:00am- 4:00pm




Address: Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental
Telephone Nos.: (035) 488-0215 to 16 / 722-3678 / 722-2195
Email Address: sagay.city001@deped.gov.ph



Republic of the Philippines
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4. Medical form for Coaches and Assistant Coaches please refer to enclosure 5.
5. All other provisions stipulated in Division Memorandum No. 452 s. 2025 are still in effect.
6. Immediate and wide dissemination of his memorandum is desired.


DANNIE CLARK M. UGUIL, CESE
OIC- Schools Division Superintendent





Enclosure : None
Reference : DM452, s.2025
Allotment : N/A
No. of Pages : **8 pages**

To be indicated in the **Perpetual Index** under the following subjects:

SPORTS

ATHLETICS

MEDICAL

FN: LGUC/SGOD



Republic of the Philippines
Department of Education

REGION _____

SCHOOL _____

PARENTAL CONSENT

DATE: _____

To Whom It May Concern:

I/We hereby willingly and voluntarily give consent to the participation of my/
our son/daughter _____
in _____ in all School Sports Meets
up to the Palarong Pambansa.

I/We have considered the benefits that my son or daughter will derive from
his/her participation in this activity provided that due care, diligence and necessary
precautions will be observed to ensure his/her health and safety.

Further, I/We authorize the personnel of Department of Education to collect,
process, retain, and dispose of personal information of the above-mentioned athlete in
accordance with the Data Privacy Act of 2012.

Signature of Father Over Printed Name

Signature of Mother Over Printed Name

Verified:

Adviser
(Signature Over Printed Name)

School Head/Registrar
(Signature Over Printed Name)

Remarks:

Note:

*Submit the necessary documents, i.e. Affidavit/Sworn Statement of Actual Care and Custody duly verified
by the adviser and school head, in cases signature of parents are unavailable.*

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Approved by [Signature]



Republic of the Philippines
Department of Education
 REGION
 DIVISION
 SCHOOL

Athlete's Name: _____

Birthdate: _____

Date of Examination: _____

MEDICAL HISTORY

This form must be completed and signed by the parent/guardian, prior to the physical examination, for review by examining practitioner. Explain 'YES' answers below with number of the question.

GENERAL QUESTIONS	YES NO	REMARKS
1. Has a doctor ever denied or restricted your participation in sports for any reason or told you to give up sports?	YES NO	
2. Do you have an ongoing medical condition (like diabetes, asthma, anemia, infarctions, allergy)?	YES NO	
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	YES NO	
4. Do you have allergies to medicines, pollens, foods or stinging insects?	YES NO	
5. Have you ever spent the night in a hospital?	YES NO	
6. Have you ever had surgery?	YES NO	
HEART HEALTH QUESTIONS ABOUT YOU		
7. Have you ever passed out or nearly passed out DURING exercise?	YES NO	
8. Have you ever passed out or nearly passed out AFTER exercise?	YES NO	
9. Have you ever had discomfort pain, tightness or pressure in your chest during exercise?	YES NO	
10. Does your heart race or skip beats (irregular beats) during exercise?	YES NO	
11. Has a doctor ever ordered a test for your heart? (ECG/EKG, echocardiogram, stress test)	YES NO	
12. Do you get tightheaded or feel more short of breath than expected during exercise?	YES NO	
13. Have you ever had an unexplained seizure?	YES NO	
14. Do you get more tired or short of breath more quickly than your friends during exercise?	YES NO	
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
15. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden deaths before the age of 50 (including unexplained drowning, unexplained car accident, or sudden infant syndrome)	YES NO	
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?	YES NO	
BONE AND JOINT QUESTIONS		
17. Have you ever had an injury, like sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game?	YES NO	
18. Have you had any broken or fractured bones or dislocated joints?	YES NO	
19. have you ever had an injury that requires x-ray for neck instability?	YES NO	
20. Do you regularly use a brace or other assistive device?	YES NO	
21. Do you have a bone, muscle or joint injury that bothers you?	YES NO	
22. Do any of your joints become painful, swollen, feel warm or look red?	YES NO	

1 of 2 MCForm - 2

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Signature of Parent/Guardian



This form must be completed and signed by the parent/guardian, prior to the physical examination, for review by examining practitioner. Explain 'YES' answers below with number of the question.

MEDICAL QUESTIONS	YES NO	REMARKS
23. Has a doctor ever told you that you have asthma or allergies?	YES NO	
24. Do you cough, wheeze, experience chest tightness, or have difficulty breathing during or after exercise?	YES NO	
25. Is there anyone in your family who has asthma?	YES NO	
26. Have you ever used an inhaler or taken asthma medicine?	YES NO	
27. Do you develop a rash or hives when you exercise?	YES NO	
28. Were you born without or are you missing kidney, an eye, a testicle (males) or any other organ?	YES NO	
29. Do you have groin pain or painful bulge or hernia in the groin area?	YES NO	
30. Have you ever had Dengue hemorrhagic fever infection?	YES NO	
31. Do you have any rashes, pressure sores or other skin problems?	YES NO	
32. Have you ever had a head injury or concussion?	YES NO	
33. Have you ever had a hit or blow to the head that caused confusion prolonged headache or memory problem?	YES NO	
34. Have you ever had a history of seizure (convulsion)?	YES NO	
35. Do you have headaches with exercise?	YES NO	
36. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?	YES NO	
37. Have you ever been unable to move your arms or legs after being hit or falling?	YES NO	
38. Have you ever become ill after exercising in the heat?	YES NO	
39. Do you get frequent muscles cramps when exercising?	YES NO	
40. Have you had any problems with your eyes or vision?	YES NO	
41. Have you had any eye injuries?	YES NO	
42. Do you wear glasses or contact lens?	YES NO	
43. Do you wear protective eyewear such as goggles or face shield?	YES NO	
44. Do you have any concerns that you would like to discuss with a doctor?	YES NO	
45. Have you ever received dengvaxia vaccine ? If Yes, how many dose?	YES NO	
46. Do you have G6PD (Glucose 6 Phosphate Dehydrogenase) condition?	YES NO	
FEMALES ONLY		
47. Have you ever had a menstrual period?	YES NO	
48. Have you ever had menstrual cramps?	YES NO	
49. How old were you when you had your first menstrual period?		
50. How many menstrual periods have you had in the last year?		

NOTES:

I do not know of any existing physical or addition health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in the athletic activities.

Parent/Guardian Signature over Printed Name

Athlete Signature over Printed Name

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Signature



MEDICAL CERTIFICATE

To Whom It May Concern:

This is to certify that I have personally examined _____, age: _____ sex: _____
 and have been found that he/she is physically _____ fit _____ unfit, during the time of examination,
 to join and participate in the lower meets up to Palarong Pambansa.

EVENT:

	School/Intrams/District Meet	Unit/Division Meet	Regional Meet	Palarong Pambansa
	Normal	Normal	Normal	Normal
1. Eyes	YES NO	YES NO	YES NO	YES NO
2. Ears, Nose, Throat	YES NO	YES NO	YES NO	YES NO
3. Mouth and Teeth	YES NO	YES NO	YES NO	YES NO
4. Neck	YES NO	YES NO	YES NO	YES NO
5. Cardiovascular	YES NO	YES NO	YES NO	YES NO
6. Chest and Lungs	YES NO	YES NO	YES NO	YES NO
7. Abdomen	YES NO	YES NO	YES NO	YES NO
8. Skin	YES NO	YES NO	YES NO	YES NO
9. Genitalia-Hernia (male)	YES NO	YES NO	YES NO	YES NO
10. Muskuloskeletal: ROM	YES NO	YES NO	YES NO	YES NO
a. neck	YES NO	YES NO	YES NO	YES NO
b. spine	YES NO	YES NO	YES NO	YES NO
c. shoulder	YES NO	YES NO	YES NO	YES NO
d. arms/hands	YES NO	YES NO	YES NO	YES NO
e. hips	YES NO	YES NO	YES NO	YES NO
f. thighs	YES NO	YES NO	YES NO	YES NO
g. knees	YES NO	YES NO	YES NO	YES NO
h. ankles	YES NO	YES NO	YES NO	YES NO
i. feet	YES NO	YES NO	YES NO	YES NO
11. Neuromuscular (reflexes)	YES NO	YES NO	YES NO	YES NO

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

School/Intrams/District Meet	Remarks/Findings:	<input type="checkbox"/> FIT
Physician/Medical Officer <i>(signature over printed name)</i>	Ht: _____ cm Wt: _____ kg	<input type="checkbox"/> UNFIT
PRC	BP: _____ mmHg	Date: _____
LICENSE: _____ PTR NO. _____	PR: _____ bpm	
	RR: _____ cpm	
Unit/Division Meet	Remarks/Findings:	<input type="checkbox"/> FIT
Physician/Medical Officer <i>(signature over printed name)</i>	Ht: _____ cm Wt: _____ kg	<input type="checkbox"/> UNFIT
PRC	BP: _____ mmHg	Date: _____
LICENSE: _____ PTR NO. _____	PR: _____ bpm	
	RR: _____ cpm	
Regional Meet	Remarks/Findings:	<input type="checkbox"/> FIT
Physician/Medical Officer <i>(signature over printed name)</i>	Ht: _____ cm Wt: _____ kg	<input type="checkbox"/> UNFIT
PRC	BP: _____ mmHg	Date: _____
LICENSE: _____ PTR NO. _____	PR: _____ bpm	
	RR: _____ cpm	
Palarong Pambansa	Remarks/Findings:	<input type="checkbox"/> FIT
Physician/Medical Officer <i>(signature over printed name)</i>	Ht: _____ cm Wt: _____ kg	<input type="checkbox"/> UNFIT
PRC	BP: _____ mmHg	Date: _____
LICENSE: _____ PTR NO. _____	PR: _____ bpm	
	RR: _____ cpm	



Agustin Alay



Republic of the Philippines
DEPARTMENT OF EDUCATION
 REGION
 DIVISION

Latest 1.8 inches x 1.4 inches picture

DENTAL HEALTH RECORD

Name: _____
 Age: _____ Sex: _____ Birth Date: _____
 Event: _____
 Parent/Guardian: _____

CONDITION AND TREATMENT NEEDS																			
CONDITION RIGHT										LEFT									
55	54	53	52	51	61	62	63	64	65	65	64	63	62	21	22	23	24	25	26
TEMPORARY TEETH																			
PERMANENT TEETH																			
CONDITION																			
TREATMENT NEEDS																			
TEMPORARY TEETH RIGHT										LEFT									
85	84	83	82	81	71	72	73	74	75	75	74	73	72	21	22	23	24	25	26
CONDITION																			

YEAR LEVEL	REMARKS									
DATE										
EXAMINATION										
SEALANT (GI)										
PERMANENT FILLING										
ART										
EXTRACTION										
ORAL PROPHYLAXIS										
REFERRAL										
OTHER ORAL										
TREATMENT										

- SYMBOLS FOR MOUTH EXAMINATION**
- X - TOOTH INDICATED FOR EXTRACTION
 - F - TOOTH INDICATED FOR FILLING
 - HEAVY SHADE - TOOTH WITH TEMPORARY FILLING
 - RC - RECURRENT CARIES
 - RF - ROOT FRAGMENT
 - M - MISSING TOOTH
 - DU - DECUBITAL ULCER
 - MAL - MALOCCLUSION
 - FLU - FLUOROSIS
 - Gn - NORMAL
 - Gm - MODERATE GINGIVITIS (1-2 QUADRANTS)
 - Gs - SEVERE GINGIVITIS (3-4 QUADRANTS)
 - CMR - COMPLETE MOUTH REHAB
 - (v) - SOUND ERUPTED PERMANENT TOOTH
- SYMBOLS FOR ACCOMPLISHMENT**
- XT - EXTRACTED PERMANENT TOOTH
 - xt - EXTRACTED TEMPORARY TOOTH
 - Am - AMALGAM FILLING
 - Com - COMPOSITE FILLING
 - ARTIFICIAL RESTORATION
 - JC - JACKET CROWN
 - I - INLAY
 - OP - ORAL PROPHYLAXIS
 - ZOE - ZINC OXIDE UEGENOL FILLING
 - TF - TEMPORARY FILLING
 - R - REFERRED TO PRIVATE DENTIST
 - UN - UNERUPTED TOOTH

District Meet		Remarks/Findings:		WITH THIRD MOLAR:		REFERRED FOR DENTAL TREATMENT:	
DENTIST		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
(signature over printed name)		QUALIFIED TO PARTICIPATE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRC: LICENSE:	PTR#	Date Examined:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Division Meet		Remarks/Findings:		WITH THIRD MOLAR:		REFERRED FOR DENTAL TREATMENT:	
DENTIST		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
(signature over printed name)		QUALIFIED TO PARTICIPATE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRC: LICENSE:	PTR#	Date Examined:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Regional Meet		Remarks/Findings:		WITH THIRD MOLAR:		REFERRED FOR DENTAL TREATMENT:	
DENTIST		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
(signature over printed name)		QUALIFIED TO PARTICIPATE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRC: LICENSE:	PTR#	Date Examined:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Palarong Pambansa		Remarks/Findings:		WITH THIRD MOLAR:		REFERRED FOR DENTAL TREATMENT:	
DENTIST		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
(signature over printed name)		QUALIFIED TO PARTICIPATE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRC: LICENSE:	PTR#	Date Examined:	<input type="checkbox"/> YES <input type="checkbox"/> NO				

FOR SCHOOL SPORTS-FOR ELEMENTARY ATHLETE ONLY (Lower Meet up to Palarong Pambansa)



DEPARTMENT OF EDUCATION



Region
(Region)
Division
(Division)
School
(School)

(School Address)

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
Name

age _____ sex _____ and have found that he/she is physically _____ fit _____ unfit,
during the time of examination, to join and participate in the lower meets u to Palarong
Pambansa.

Event: _____

Physical Examination

School/Intrams/District Meet _____ Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP. _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Unit/Division Meet _____ Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP. _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Regional Meet _____ Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP. _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:
Palarong Pambansa _____ Physician/Medical Officer <i>(signature over printed name)</i> PRC LICENSE: PTR NO.	Remarks/Findings: Ht. _____ cm Wt: _____ kg BP. _____ mmHg PR: _____ bpm RR: _____ cpm	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT Date:

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



Signature