



Republic of the Philippines
Department of Education
 REGION X
SCHOOLS DIVISION OF LANA O DEL NORTE

DEPED LANA O DEL NORTE			
RECORDS SECTION CONTROL NO. <u>11919</u>			
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DATE	TIME	BY	

April 13, 2026

DIVISION MEMORANDUM
 No. 210, s. 2026

REITERATION OF CS FORM 86 (ANNUAL PHYSICAL AND MEDICAL EXAMINATION) OF ALL EMPLOYEES

To: Assistant Schools Division Superintendent
 Chief Education Supervisors, SGOD & CID
 Administrative Officer V & All Section Heads
 Public Schools Division Superintendent
 All Public Elementary & Secondary School Heads
 All School Health Section Personnel

- Pursuant to DepEd Memorandum No. 22, s. 2015 titled "Annual Physical Examination of DepEd Employees (Teaching and Non-teaching Personnel) and Civil Service Commission (CSC) Memorandum Circular No. 17, s. 1989 titled "Physical and Mental Fitness for Continued Employment in the Public Service" and to promote the health and welfare of government personnel, this Office announces the resumption of the Annual Physical Examination using CS Form 86 (Revised 2017) for all teaching and non-teaching personnel of the Schools Division Office of Lanao del Norte.
- All personnel (teaching & non-teaching) are hereby required to undergo the prescribed physical and medical examination by a Medical Health Officer at any government hospital or health facility of choice and submit the duly accomplished CS Form 86 (Revised 2017) to their respective district or school nurses for consolidation on or before **June 5, 2026** and annually thereafter every 1st Friday of June.
- Expenses related to the medical examination may be covered by the Health Maintenance Organization (HMO) in relation to the granted medical allowances of all personnel.
- Attached is a copy of the Revised Form 86 for reference, to be used by the Medical Officer for the submission of the personnel.



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Effectivity	3.2.26	Page	1 of 2

5. For wide dissemination and prompt compliance.

EDWIN R. MARIBOJOC, CESO V
Schools Division Superintendent

Encl/s: As stated
References: DepEd Memorandum No. 22, s. 2015: Annual Physical Examination of DepEd Employees (Teaching and Non-teaching Personnel) and Civil Service Commission (CSC) Memorandum Circular No. 17, s. 1989: Physical and Mental Fitness for Continued Employment in the Public Service
To be indicated in the Perpetual Index
under the following subjects:

CS FORM 86 ANNUAL PHYSICAL AND MEDICAL EXAMINATION OF ALL EMPLOYEES



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EMPLOYEES HEALTH CARD

Date: _____
 Name: _____ Date of Birth: _____ Age: _____ Gender: _____
 School/District/Division: _____ Civil Status: _____
 Position/Designation: _____ Years in Service: _____
 First Year in Service: _____

Family History: (pls. check)	Y	N	Specify Relationship
Hypertension	[]	[]	_____
Cardiovascular Disease	[]	[]	_____
Diabetes Mellitus	[]	[]	_____
Kidney Disease	[]	[]	_____
Cancer	[]	[]	_____
Asthma	[]	[]	_____
Allergy	[]	[]	_____

Other Remarks: _____

Past Medical History: (check)		Y	N	Y	N
Hypertension	[]	[]	Tuberculosis	[]	[]
Asthma	[]	[]	Surgical Operations (pls. specify)	[]	[]
Diabetes Mellitus	[]	[]	Yellowish discoloration of skin/sclera	[]	[]
Cardiovascular Disease	[]	[]	Last hospitalization (reason)	[]	[]
Allergy (pls. specify)	_____		Other (pls. specify)	_____	

Last Taken	Date	Result	Date	Result
CXR/Sputum Result:	_____	_____	Drug Testing:	_____ Others specify _____
ECG	_____	_____	Neuropsychiatric exam:	_____
Urinalysis	_____	_____	Blood Typing:	_____

Social History
 Smoking Y _____ N _____ Age started: _____ Sticks/packs per day: _____ Packs per year: _____
 Alcohol Y _____ N _____ How often: _____ Food preference: _____

OB Gyn History (pls. encircle) (Female Teachers)
 Menarche: _____ Cycle _____ Duration _____
 Menopause: _____
 Parity: F P A L
 Papsmear done: Y N if YES, When: _____
 Self Breast examination done: Y N
 Mass noted: Y N Specify where _____
 For Male personnel: Digital rectal examination done: Y N Date examined: _____

Present Health Status (pls. check)				Y	N	Y	N
Cough	2wks	1 month	longer	[]	[]	Lumps	[] []
Dizziness				[]	[]	Painful urination	[] []
Dyspnea				[]	[]	Poor/loss of hearing	[] []
Chest/Back pain				[]	[]	Syncope/fainting	[] []
Easy fatigability				[]	[]	Convulsions	[] []
Joint/extremity pains				[]	[]	Malaria	[] []
Blurring of vision				[]	[]	Goiter	[] []
Wearing eyeglasses				[]	[]	Anemia	[] []
Vaginal discharge/bleeding				[]	[]	Others: Pls. specify	_____
Dental Status: (pls. specify)	_____						

Present Medication taken: (pls. specify) _____
 Legend: CKR - Chest X-ray PTB - Pulmonary Tuberculosis
 EXG - Electro Cardio Gram F - Full Term
 Y - Yes P - Pre-mature
 N - No A - Abortion
 HPN - Hypertension L - Live Birth
 CVD - Cardio Vascular Disease
 DM - Diabetes Mellitus
 Interviewed by: _____
 Date: _____

