



Republic of the Philippines
Department of Education
 REGION XI
SCHOOLS DIVISION OF PANABO CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2024-0642

To : Assistant Schools Division Superintendent
 Chief of the Schools Governance and Operations Division
 Chief of the Curriculum Implementation Division
 All Elementary and Secondary Public School Heads and Principals
 All Concerned

Subject: **SUBMISSION OF REPORT OF THE VISION PROGRAM AND
 ESPESYALISTANG KONSULTA PARA SA DEPED**

Date: December 5, 2024

In line with the Health Programs implemented in the Schools Division of Panabo City, may we request the assistance of the School Heads, Non-teaching personnel in schools and class advisers to submit a report on **Vision Program and Espesyalistang Konsulta Para sa DepEd** so that the focal person can provide technical assistance and referrals to the stakeholders. Attached is the template for the report.

Further, kindly submit a report on or before December 31, 2024, to Moolien Jane A. Estimada, Nurse II at the Schools Governance and Operations Division.

For your information and compliance.


JINKY B. FIRMAN PhD, CESO VI
 Schools Division Superintendent

RELEASED

DEC 06 2024

RECORDS SECTION - SDO PANABO CITY
 BY 

Enclosed.: As stated.
 SGOD/ABA/mje



Schools Division Office of Panabo City
 City Hall Compound, Km 31, Panabo City
 Telephone No: (084) 823-1469
 Email: panabocity.division@depd.gov.ph

DepEd Panabo:
Empowering Champions in Education
 through Journeying, Blending and Fostering commitment in
 providing quality education, MATATAG for all.

CHAMPION
Panabo City



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Annex.1

Vision/ Eye Care Program Report

School: _____
School ID: _____

Date: _____

Please indicate the no. of learners in the columns below.

Grade Level	Total No. of enrollees per grade level	Total No. of learners complaining of Eye Pain	Total no. of learners who have difficulty in reading when too far or too near the subject. Placing the head close to a book or a desk when reading or writing.	Total no. of learners who are Cross-eyed ("duling")
Kindergarten				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8				
Grade 9				
Grade 10				
Grade 11				
Grade 12				

Prepared by: _____

Clinic-in-charge

Noted by: _____

School Head/Principal



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Annex 2. Espesyalistang Konsulta Para sa DepEd

School: _____

Date: _____

School ID: _____

Please indicate the number of personnel and the services availed in the Emilio B. Rivera Primary Care Center Inc.

Total No. of School Personnel (teaching and non-teaching)	No. of non-teaching personnel registered in the Emilio B. Rivera Primary Care Center Inc.	No. of Teachers registered in the Emilio B. Rivera Primary Care Center Inc.	No. of Parents registered in the Emilio B. Rivera Primary Care Center Inc.	No. of Consultation availed	No. of Urinalysis availed	No. of Chest X-ray availed	No. of CBC availed	Other services availed (admission, etc.)

Issues and Concern: _____

Comments: _____

Prepared by: _____

Clinic-In-Charge

Noted by: _____

School Head