



Republic of the Philippines  
**Department of Education**  
REGION III – CENTRAL LUZON  
SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ

May 10, 2023

**SCHOOLS DIVISION MEMORANDUM**

No. 207, s. 2023

**MEDICAL CHECK-UP OF CAMPUS JOURNALISTS  
FOR THE REGIONAL SCHOOLS PRESS CONFERENCE (RSPC)**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Public and Private Elementary and Secondary School Heads  
All Others Concerned

1. This Office announces the conduct of the Medical Check-up of Campus Journalists (CJs) for the Regional Schools Press Conference on May 15, 2023 at 8:00 a.m. to 4:00 p.m. at the SDO Conference Hall.
2. This activity aims to ensure that the CJs are in good health before the RSPC.
3. The learners must be assisted by the School Heads in going to the venue. The CJs must have a copy of their Personal Data Sheet to be presented to the Medical Officer III during the check-up.
4. The said check-up will be held by the Medical Team of the Schools Division to be led by the Medical Officer III, Dr. Marianne C. Coronel.
5. Enclosed are the Student's Personal Data Sheet and the Schedule of Medical check-up for the information and guidance of all concerned.
6. Immediate and wide dissemination of this Memorandum is earnestly desired.

  
**JOHANNA N. GERVACIO PhD, CESO V**  
Schools Division Superintendent



AGM/MedicalCheck-upofCJs  
005/May 10,2023



*Loyal, Excellent, Accountable and Dedicated to Service*

Address: Brgy. Rizal, Science City of Muñoz, 3119

Telephone No.: (044) 806 -2192; Email Address: [munozscience.city@deped.aov.ph](mailto:munozscience.city@deped.aov.ph)

DSCM-QMS-QMR-QSF-008 Rev.06 (03.23.23)



Certificate No. 50500731 QM15



Republic of the Philippines  
**Department of Education**  
REGION III – CENTRAL LUZON  
**SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ**

Enclosure No. 1 to Schools Division Memorandum No. 207s. 2023

SCHEDULE OF MEDICAL CHECK-UP  
May 15, 2023  
SDO  
Conference Hall

Time	Category
8:00 a.m. - 9:00 a.m.	Copyreading and Headline Writing and News Writing
9:00 a.m. - 10:00 a.m.	Sports Writing and Feature Writing
10:00 a.m. - 11:00 a.m.	Column Writing and Photojournalism
11:00 a.m. - 12:00 p.m.	Science and Technology Writing and Editorial Cartooning
1:00 p.m. - 2:00 p.m.	Editorial Writing and TV Script Writing and Broadcasting
2:00 p.m. - 3:00 p.m.	Radio Script Writing and Broadcasting
3:00 p.m. - 4:00 p.m.	Collaborative and Desktop Publishing



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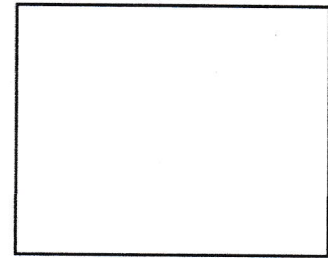
DSCM-QMS-QMR-QSF-008 Rev.06 (03.23.23)



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# STUDENT'S PERSONAL DATA SHEET

(Accomplish in 2 copies)



Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_  
Contest won in 2023 DSPC: \_\_\_\_\_  
Venue of Regional Schools Press Conference: \_\_\_\_\_  
Date of Regional Schools Press Conference: \_\_\_\_\_  
Address: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Tel. No. of School: \_\_\_\_\_  
Name of School Paper: \_\_\_\_\_  
Name of School Paper Adviser: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Size of Circulation: \_\_\_\_\_  
Name of School Principal: \_\_\_\_\_

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## HEALTH CERTIFICATE

To Whom It May Concern:

This is to certify that \_\_\_\_\_ has been examined by the undersigned and found to be mentally and physically fit to participate in the 2023 Regional Schools Press Conference at the Schools Division of San Jose City.

\_\_\_\_\_  
Medical Officer

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## PARENTAL CONSENT & WAIVER FORM

Please complete and return to your coach/delegation head prior to your travel to attend the Regional Schools Press Conference. This waiver covers the free tour schedule only.

RSPC Delegate's Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Division: \_\_\_\_\_  
Date of the Trip: \_\_\_\_\_  
Time: \_\_\_\_\_

I/We acknowledge and accept that my/our son's/ daughter's participation to the add-on activity of the Regional Schools Press Conference is entirely voluntary and all risks are voluntarily assumed by my son/daughter and me/us.

I/We understand that the Rules and Regulations established for this activity are designed for the safety and protection of the participants and hereby undertake to inform my/our child to abide by these rules and regulations.

I/We hold the organizers and anyone involved in the said activity not responsible for any untoward incident that might happen to the participants.

\_\_\_\_\_  
(Parents' Signatures Over Printed Name)

\_\_\_\_\_  
(Date)