



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

November 8, 2023

SCHOOLS DIVISION MEMORANDUM

No. 443,

s. 2023

2023 SCIENCE CITY OF MUÑOZ ATHLETIC ASSOCIATION MEET

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

1. This Office announces the conduct of the 2023 Science City of Muñoz Athletic Association (SciMAA) Meet on December 1 to 3, 2023 at Munoz National High School JHS Main.
2. This activity aims to select the best student-athletes, teacher-coaches and officials who will participate in the 2024 Central Luzon Regional Athletic Association (CLRAA) Meet.
3. To select the student- athletes who will join the SciMAA Meet, the try-out shall be held per cluster. The schedule of the cluster meets is as follows:

Date	Cluster	Venue
November 18, 2023	North	Villa Isla ES
November 18, 2023	East	Licaong ES
November 19, 2023	West	Maragol IS
November 19, 2023	South	San Antonio IS
November 25, 2023	Integrated School	Palusapis IS
November 25, 2023	Private School	Selected Private School

4. Prior to the commencement of the game, there will be a cluster screening of papers in the aforementioned venues. Each teacher-coach must produce a copy of the athlete's medical certificate, birth certificate and parental consent. The said documentary requirements must be placed in one folder.
5. To ensure that classes will not be disrupted, the schools division medical team led by Dr. Marianne C. Coronel, Medical Officer III and Dr. Jayson V. Flores, Dentist II, will undertake on-site dental and medical check up on the dates listed below.



Republic of the Philippines

Department of Education

REGION III – CENTRAL LUZON

SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ

Date	Cluster/School	Venue
November 9, 2023	North	SDO
November 10, 2023	East	Cabisuculan ES
November 13, 2023	West	Munoz CS
November 14, 2023	South	San Antonio IS
November 21, 2023	Palusapis IS,SAIS,Maligaya IS	Palusapis IS
November 22,2023	Gabaldon IS,Maragol IS, Magtanggol IS	MNHS Main SHS
November 23, 2023	Private School	San Sebastian
November 27, 2023	MNHS Annex	SDO
November 28, 2023	MNHS Main JHS	MNHS Main JHS
November 29, 2023	MNHS Main SHS	MNHS Main SHS

6. All schools are expected to prepare a consolidated athlete's information such as name, age, grade level and sports activity. Teacher-coach shall ensure that each medical form is properly and completely filled out.
7. A meeting of sports coordinators and tournament managers is set on November 13, 2023, 3:00 p.m at the MNHS-Main (JHS) Conference Hall. The details of the 2023 SCIMAA Meet will be discussed and finalized in the said meeting.
8. Enclosed are the following:
 - 8.1. Enclosure No.1 - List of Tournament Managers and Officiating Officials
 - 8.2. Enclosure No. 2 - Dental Record Form
 - 8.3. Enclosure No. 3 - Medical Certificate Form
 - 8.4 Enclosure No. 4 - Parental Consent Form
9. Immediate and wide dissemination of this memorandum is earnestly desired.


JOHANNY R. GERVACIO PhD, CESO V
Schools Division Superintendent



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. 463, s. 2023

List of Tournament Managers and Officiating Officials

Event	Name	School
Arnis	Angelica Capili	MNHS Main JHS
	Eufemia Cuaresma	Munoz North CS
Athletics	Anvil Portes	MNHS Annex
	Rick Tatel	Munoz CS
Basketball	Christian U. Dela Cruz	Licaong ES
	Michael Castaneda	MNHS Annex
Badminton	Aurelio Siping	MNHS Main JHS
	Xerces Alinio	Deped CLSU Lab.
Billiard	Jake Feliciano	Magtanggol IS
Chess	Charles Dizon	Naglabrahan PS
Dance Sports	Imee Evangelista	MNHS Main JHS
	Alvin Lazaro	MNHS Annex
Lawn Tennis	Avalon Inigo	MNHS Main JHS
	Jerry Dan Rueda	Linglingay ES
Swimming	Rustom Esteban	MNHS Main JHS
Sepak Takraw	Rod Herbert Castillo	RVA ES
	Arnold Paglinawan	MNHS Main JHS
Table Tennis	Ace Mangalindan	MNHS Main JHS
	Florita Campanero	MNHS Main JHS
Taekwondo	Edgardo De Guzman	MNHS Main JHS
	Portia Esperanza	Munoz CS
Volleyball	Angel Fernandez	MNHS Main JHS
	Dominador Castillo	Munoz CS



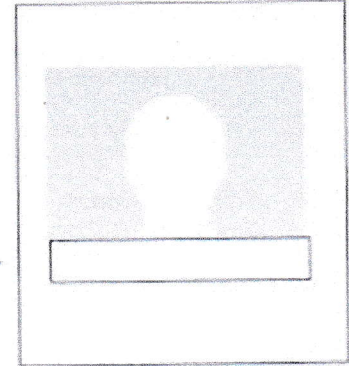
Republic of the Philippines
Department of Education
 REGION III – CENTRAL LUZON
 SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ

Enclosure No.2 to Schools Division Memorandum No. 403, s. 2023

Revised as of September 25, 2018



Republic of the Philippines
DEPARTMENT OF EDUCATION
 III
 Region
 DIVISION OF SCIENCE CITY OF MUNOZ
 Division



DENTAL HEALTH RECORD

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

CONDITION AND TREATMENT NEEDS

	55	54	53	52	51	61	62	63	64	65						
CONDITION																
RIGHT											LEFT					
TEMPORARY TEETH																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
TEMPORARY TEETH																
RIGHT	85	84	83	82	81	71	72	73	74	75						
CONVERTED																

PERMANENT TEETH
TREATMENT NEEDS

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



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

REFERRAL										
OTHER ORAL										
TREATMENT										

- | | | | |
|--|---|---|--|
| SYMBOLS FOR MOUTH EXAMINATION | | SYMBOLS FOR ACCOMPLISHMENT | |
| X - TOOTH INDICATED FOR EXTRACTION
F - TOOTH INDICATED FOR FILLING
HEAVY - TOOTH WITH TEMPORARY FILLING
SHADE
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
(N) - SOUND ERUPTED PERMANENT TOOTH | 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 <u>JAYSON V. FLORES, DMD</u> DENTIST II <i>(signature over printed name)</i> PRC: LICENSE: PTR# Date Examined:	Remarks/Findings: WITH THIRD MOLAR: REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Division Meet <u>JAYSON V. FLORES, DMD</u> DENTIST II <i>(signature over printed name)</i> PRC: LICENSE: PTR# Date Examined:	Remarks/Findings: WITH THIRD MOLAR: REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Regional Meet <u>DENTIST</u> <i>(signature over printed name)</i> PRC: LICENSE: PTR# Date Examined:	Remarks/Findings: WITH THIRD MOLAR: REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Palarong Pambansa <u>DENTIST</u> <i>(signature over printed name)</i> PRC: LICENSE: PTR# Date Examined:	Remarks/Findings: WITH THIRD MOLAR: REFERRED FOR DENTAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO QUALIFIED TO PARTICIPATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)



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

Enclosure No.3 to Schools Division Memorandum No 403, s. 2023



Republic of the Philippines
 DEPARTMENT OF EDUCATION
 III
 (REGION)
 SCHOOLS DIVISION OF SCIENCE CITY OF MUÑOZ
 (DIVISION)

 (SCHOOL)

 (Officer Address)



MEDICAL CERTIFICATE

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 up to
 Palarong Pambansa.

MARRIANE C. CORONEL, MD
 Medical Officer III

Event: _____

Physical Examination

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

e. hips	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
f. thighs	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
g. knees	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
h. ankles	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
i. feet	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
11. Neuromuscular (reflexes)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

School/Intrams/District Meet	Remarks/Findings: HT: _____ cm WT: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: _____	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT
Unit/Division Meet	Remarks/Findings: HT: _____ cm WT: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: _____	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT
Regional Meet	Remarks/Findings: HT: _____ cm WT: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: _____	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT
Palarong Pambansa	Remarks/Findings: HT: _____ cm WT: _____ kg BP: _____ mmHg PR: _____ bpm RR: _____ cpm Date: _____	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT

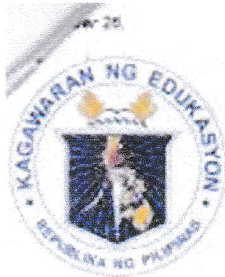
SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)





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

Enclosure No.4 to Schools Division Memorandum No. 403, s. 2023



Republic of the Philippines
DEPARTMENT OF EDUCATION
 III
 (Region)
 SCIENCE CITY OF MUNOZ
 (Division)

 (School)

 (School Address)

_____ Date

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in Cluster Sports Meets at _____ Elementary School on _____, 2023.

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)