



Department of Education
REGION IV-A CALABARZON

11 August 2025

Regional Memorandum

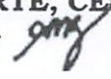
No. 675 s. 2025

**GUIDELINES FOR THE MEDICAL AND DENTAL EXAMINATION
OF ATHLETES, COACHES, CHAPERONES, AND OFFICIALS
FOR THE CALABARZON SPORTS EVENTS**

To: **Assistant Regional Director**
Schools Division Superintendents
All Others concerned

1. Relative to Memorandum OM-OUOPS-2025-05-01337¹, and Regional Memorandum No. 187, s.2025², this Office, through the Education Support Services-School Health Section, disseminates these **Guidelines for the Medical and Dental Examination of Athletes, Coaches, Chaperones, and Officials for CALABARZON Sports Events.**
2. This aims to:
 - a. guide all School Health Personnel and other Non-Teaching Personnel involved in the standard and proper conduct of the medical and dental examination of athletes, coaches, chaperones and officials, from the Lower Meet to the Regional Meet; and
 - b. implement a streamlined and efficient process for completing the Athletic Meet medical and dental examination forms.
3. The specific guidelines attached are:
Annex A- General Guidelines
Annex B- Medical Examination Guidelines
Annex C- Dental Examination Guidelines
Annex D- Process Flow of Screening
4. For inquiries and further clarifications, please contact Dr. Pearl Oliveth S. Intia, Medical Officer IV at pearl.intia@deped.gov.ph, or Dr. Ma. Teresita G. Carpio, Dentist III at materesita.carpio@deped.gov.ph.
5. Immediate dissemination and strict compliance with this Memorandum are desired


ATTY. ALBERTO T. ESCOBARTE, CESO II


Regional Director

03/ROE3/ROE4

¹Guidelines on the Eligibility of Athletes in the Division, Regional, and National Level for the 2025 Palarong Pambansa

² Series of Virtual Meetings of the Regional Screening and Accreditation Committee (RSAC) for the School Health Personnel

Annex A. GENERAL GUIDELINES FOR THE MEDICAL AND DENTAL EXAMINATION

I. During the Lower Meet/Division Meet

1. The School Sports Coordinators/ coaches shall submit the Master list of athletes per event with grade level and school, including the names of the coaches on their scheduled medical examination.
2. For the medical and dental examination, all athletes must bring Medical Certificate Form 1, Medical Certificate Form 2, Dental Certificate for elementary athletes, Parents' Consent, and PSA Birth Certificate. The Division Screener shall share the Medical Certificate Forms through the coaches of different events. The coaches, assistant coaches, chaperones, and officials must bring Medical Certificate Form 3.
3. DepEd Medical Officers, government physician and private school physicians may sign, provided that the Schools Division Medical Officer and Dentist-In-Charge have oriented the non-DepEd physician on this guideline.

II. During Regional Meet/ Palarong Pambansa

1. The master list of athletes from the Regional Screening and Accreditation Committee (RSAC) shall be released through the Regional Memorandum.
2. For medical and dental examinations during these events for athletes, the same Medical Certificate Forms 1, Medical Certificate 2, Dental Certificate for elementary athletes, and Medical Certificate Form 3 of coaches, assistant coaches, chaperones, and officials utilized from the Lower Meet and Division Meet will be used.
3. Only DepEd Medical Officers and Dentist-in-Charge may sign.

6. Other considerations

1. **Medical Certificate.** A medical certificate duly signed by the physician, stating that the athlete is physically fit, is valid three (3) months before the opening of each level of competition. The complete name and signature of the physician shall appear on the medical certificate, with the license number and date of examination.
2. **Dental Certificate.** A dental certificate duly signed by the dentist, stating that the athlete is orally fit, is valid six (6) months before the opening of each level of competition. The complete name and signature of the dentist shall appear on the dental certificate, with the corresponding license number and date of examination. For the secondary level, athletes do not need to submit a dental certificate.

7. Dissemination of this Guideline

The DepEd Medical Officer and Dentist-in-Charge will be responsible in the dissemination and orientation of all involved stakeholders including private schools.

8. Funding of activities

Funding of activities will be charged to local funds subject to the usual accounting and auditing rules and regulations.

Annex B.

MEDICAL EXAMINATION GUIDELINES

I. Acceptable Medical Parameters for Pediatrics (Learners 18 Years Old and Below), and Adult (Coaches, Chaperones and Adults)

Vital Signs	Acceptable Values
Blood Pressure (BP) millimeters mercury (mmHg)	• 6- 9 years old: 90- 115/50- 80 • ≥ 10 years old: 90- 120/ 60- 80 • <20mm Hg BP difference of both brachial arm • $\geq 130/90$mm Hg, refer to specialist for “Fit to Play” or “Fit to Work”
Heart Rate (HR) beats per minute (bpm)	• 6- 9 years old: 75- 118 • ≥ 10 years old: 50- 100 • Same PR for both Radial pulse • If HR is less or more than above values, refer to specialist for “Fit to Play” or “Fit to Participate”
Temperature (T) in Celcius (°C)	36.5- 37.4 °C

II. Error of Refraction (EOR) for swimming and combative sports: advise not to wear contact lenses; secure corrective glasses or wear special corrective glasses instead.

III. Medical Forms

1. Medical Certificate Form 1—Athletes

[illegible]

Figure 1. MC Form 1

- Name, age, sex, and sport event must be typewritten; National Screening and Accreditation Committee (NSAC) watermark must be embedded or overlaid on the main content to indicate authenticity, and only one or the same form must be used for all levels of sport events. Otherwise, the form will be invalid.
- At the completion, the four levels of sport events (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), must be duly signed with the complete name of the health professionals attending per sport screening level with their PRC license numbers. Nurses attending per level shall place their initials near the vital signs.
- Indicate in the "Remarks", the maintenance medicines and other notable observations, e.g. abnormal BPs after three (3) recordings will result in referral to a specialist for clearance.

2. Medical Certificate Form 2- Medical History

Republic of the Philippines
Department of Education
REGION IV - CALABARZON
CALABARZON
SCHOOL ADDRESS

Athlete's Name: _____ Date of Birth: _____
Birthdate: _____

MEDICAL HISTORY
(For Competitive Sports Only)

This form must be completed and signed by the parent/guardian, prior to the physical assessment for release by examining practitioner.

GENERAL QUESTIONS

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 any ongoing medical conditions or chronic health problems, such as asthma, diabetes, or any other chronic condition?	YES	NO	
3. Are you currently taking any medication or having any medical treatment for any condition or illness?	YES	NO	
4. Do you have a history of injuries, fractures, or other orthopedic problems?	YES	NO	
5. Have you ever been hospitalized for any medical condition or illness?	YES	NO	
6. Have you ever been told by a doctor that you have a heart condition or any other heart-related problem?	YES	NO	
7. Have you ever experienced chest pain, tightness, or pressure in your chest during exercise?	YES	NO	
8. Have you ever had difficulty breathing or shortness of breath during exercise?	YES	NO	
9. Have you ever fainted or lost consciousness during exercise?	YES	NO	
10. Have you ever been told by a doctor that you have a blood pressure problem?	YES	NO	
11. Have you ever been told by a doctor that you have a vision problem?	YES	NO	
12. Have you ever been told by a doctor that you have a hearing problem?	YES	NO	
13. Have you ever been told by a doctor that you have a neurological problem?	YES	NO	
14. Have you ever been told by a doctor that you have a mental health problem?	YES	NO	
15. Have you ever been told by a doctor that you have a chronic condition or illness?	YES	NO	
16. Have you ever been told by a doctor that you have a blood clot or any other vascular problem?	YES	NO	
17. Have you ever been told by a doctor that you have a kidney problem?	YES	NO	
18. Have you ever been told by a doctor that you have a liver problem?	YES	NO	
19. Have you ever been told by a doctor that you have a thyroid problem?	YES	NO	
20. Have you ever been told by a doctor that you have a hormonal problem?	YES	NO	
21. Have you ever been told by a doctor that you have an autoimmune problem?	YES	NO	
22. Have you ever been told by a doctor that you have a genetic condition or illness?	YES	NO	
23. Have you ever been told by a doctor that you have a chronic condition or illness?	YES	NO	
24. Have you ever been told by a doctor that you have a blood clot or any other vascular problem?	YES	NO	
25. Have you ever been told by a doctor that you have a kidney problem?	YES	NO	
26. Have you ever been told by a doctor that you have a liver problem?	YES	NO	
27. Have you ever been told by a doctor that you have a thyroid problem?	YES	NO	
28. Have you ever been told by a doctor that you have a hormonal problem?	YES	NO	
29. Have you ever been told by a doctor that you have an autoimmune problem?	YES	NO	
30. Have you ever been told by a doctor that you have a genetic condition or illness?	YES	NO	

HEART HEALTH QUESTIONS ABOUT YOU

QUESTIONS	YES	NO	REMARKS
1. Have you ever experienced chest pain or tightness during exercise?	YES	NO	
2. Have you ever experienced difficulty breathing or shortness of breath during exercise?	YES	NO	
3. Have you ever fainted or lost consciousness during exercise?	YES	NO	
4. Have you ever been told by a doctor that you have a heart condition or any other heart-related problem?	YES	NO	
5. Have you ever been told by a doctor that you have a blood pressure problem?	YES	NO	
6. Have you ever been told by a doctor that you have a vision problem?	YES	NO	
7. Have you ever been told by a doctor that you have a hearing problem?	YES	NO	
8. Have you ever been told by a doctor that you have a neurological problem?	YES	NO	
9. Have you ever been told by a doctor that you have a mental health problem?	YES	NO	
10. Have you ever been told by a doctor that you have a chronic condition or illness?	YES	NO	
11. Have you ever been told by a doctor that you have a blood clot or any other vascular problem?	YES	NO	
12. Have you ever been told by a doctor that you have a kidney problem?	YES	NO	
13. Have you ever been told by a doctor that you have a liver problem?	YES	NO	
14. Have you ever been told by a doctor that you have a thyroid problem?	YES	NO	
15. Have you ever been told by a doctor that you have a hormonal problem?	YES	NO	
16. Have you ever been told by a doctor that you have an autoimmune problem?	YES	NO	
17. Have you ever been told by a doctor that you have a genetic condition or illness?	YES	NO	
18. Have you ever been told by a doctor that you have a chronic condition or illness?	YES	NO	
19. Have you ever been told by a doctor that you have a blood clot or any other vascular problem?	YES	NO	
20. Have you ever been told by a doctor that you have a kidney problem?	YES	NO	
21. Have you ever been told by a doctor that you have a liver problem?	YES	NO	
22. Have you ever been told by a doctor that you have a thyroid problem?	YES	NO	
23. Have you ever been told by a doctor that you have a hormonal problem?	YES	NO	
24. Have you ever been told by a doctor that you have an autoimmune problem?	YES	NO	
25. Have you ever been told by a doctor that you have a genetic condition or illness?	YES	NO	

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

QUESTIONS	YES	NO	REMARKS
1. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 50 (including unexplained drowning, unexplained car accident, or sudden infant death syndrome)?	YES	NO	
2. Has any family member or relative had unexplained fainting, unexplained seizures or near drowning?	YES	NO	

NEW AND ADDED QUESTIONS

QUESTIONS	YES	NO	REMARKS
1. Have you ever had an injury, fracture, or significant tear or laceration that required you to miss a practice or game?	YES	NO	
2. Have you ever had any condition or health problem or disability that prevented you from participating in sports?	YES	NO	
3. Have you ever had any condition or health problem or disability that prevented you from participating in sports?	YES	NO	
4. Do you ever regularly use a brace or other assistive device?	YES	NO	
5. Do you ever take a drug, medication, or other substance that could affect your performance?	YES	NO	
6. Do you ever use any substance (including alcohol, tobacco, or drugs) that could affect your performance?	YES	NO	

NOTES:

I, the undersigned, being a duly licensed physician or a duly licensed health professional, certify that the answers to the above questions are true and accurate and approve participation in this athletic activity.

Guardian Signature: _____ Athlete Signature: _____
Parent/Guardian Signature over Printed Name: _____ Athlete Signature over Printed Name: _____

MD Signature Name Date: _____
MD Signature Name Date: _____
MD Signature Name Date: _____
MD Signature Name Date: _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa):
MD Signature Name Date: _____

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa):
MD Signature Name Date: _____

Figure 2. MC Form 2 pages 1-2

- Name and birthdate must be typewritten; and NSAC watermark must be embedded for the same condition as MC Form 1. The signature of parent/guardian and athlete must be affixed to the form. Otherwise, the form will be invalid.
- At the completion, signature with complete name of the health professionals attending per sport screening level (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), their PRC license numbers, and the date of signing must be affixed to this form.
- Refer to the specialist for clearance once with the following observations/findings:

- a. If with history of illness/ injury that will affect game performance;
- b. For Basketball, Wushu, Taekwondo, if with sign and symptoms of Hernia or history of Hernia, refer to surgeon;
- c. If with history of sprain, ligament tear, injury, fracture during the previous sport events, refer to orthopedic surgeon;
- d. Do Visual Acuity Test for those who answer YES to history of wearing glasses (Snellens) MC Form 2 at the District Level.

3. Medical Certificate Form 3- Athletes, Coaches, Chaperones and Officials

Republic of the Philippines
DEPARTMENT OF EDUCATION
SCHOOL DIVISION OFFICE
CAGAYAN CITY
SCHOOL DIVISION OFFICE
CAGAYAN CITY

MEDICAL CERTIFICATE
(COACHES, ASSISTANT COACHES, CHAPERONE)

To Whom It May Concern:

This is to certify that I have personally examined _____
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

Event: _____

Physical Examination

Level of Competition	Name	Age	Sex	Signature
School/Intrams	_____	_____	_____	_____
District Meet	_____	_____	_____	_____
Division Meet	_____	_____	_____	_____
Regional Meet	_____	_____	_____	_____

Remarks: _____

FOR SCHOOLS (SPORTS) (Lower Meet up to Palarong Pambansa)

Figure 3. MC Form 3

- o Name, age, sex, and sport event must be typewritten; and NSAC watermark must be embedded or overlaid on the main content to indicate authenticity. Otherwise, the form will be invalid.
- o At the completion, the four levels of sport events (School/ Intrams/ District Meet; Division Meet; Regional Meet; and Palarong Pambansa), must be duly signed with the complete name of the health professionals attending per sport screening level with their PRC license numbers. Nurses attending per level shall place their initials near the vital signs.
- o Indicate in the "Remarks", the maintenance medicines, and other notable observations, e.g. an abnormal BPs even after three (3) recordings will result in referral to a specialist for clearance.
- o All Technical Officials should submit their MC Form 3-Medical Clearances as a group of the delegation to the RSAC medical committee. In this form, only the DepEd Medical Officer will sign.

4. Medical Clearance

- o No pregnant athlete will be allowed to participate
- o Secure clearances for the following:

- a. *Fit to Participate* from Obstetrician-Gynecologist for Pregnant officials and chaperones;
- b. *Fit to Play* from Orthopedic Physician, specifically if they have fractures that occurred within 6 months or remain symptomatic after;
- c. *Neurologic Clearance* from Neurologist, for Seizures, previous head injury/trauma
- d. *Medical or Endocrine Clearance* from Family Medicine Physician or Internal Medicine Physician or Endocrinologist for hypertension, coronary heart disease, arrhythmia, diabetes, thyroid disorders and other immunocompromised illnesses.
- o Additional documents for athletes in Special Sports Events for SWDL
 - a. Intellectual Disability Certification
 - Psycho- Educational Assessment Tests conducted and certified by Psychologist or DepEd SPED Supervisor indicating the Athlete's IQ level (70 and below)
 - b. Visual Impairment Certification
 - Test conducted and certified by an Ophthalmologist to determine the visual acuity (Totally Blind or Low Vision); and
 - c. Hearing Impairment Certification
 - Test conducted and certified by an Otorhinolaryngologist to determine that the athlete is unable to hear.
- o The Attending Medical Officer shall have the final decision in managing the athlete or delegate

Annex C.

DENTAL EXAMINATION GUIDELINES

I. Filling out of Dental Form

1. Dental Health Record

- Follow the same format except for the revisions/ changes in the following in the **Updated Dental Health Record**:
 - a. Change "Treatment Needs" to "Treatment Performed" since the "Treatment Needs" can be identified in the dental chart and also indicated under the item "Findings".
 - b. "Sound Erupted Permanent Tooth" to "Sound Teeth" because of the possibility of presence of primary teeth which may also be sound/ intact or without defect/ caries.

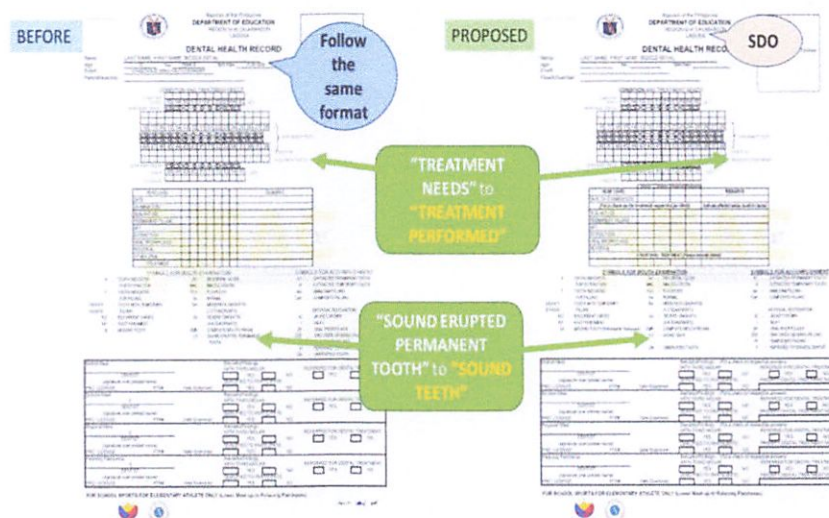


Figure 1. Dental Health Record with revisions

- Please ensure that you note the Schools Division Office (SDO) to which the athlete belongs in the Dental Health Record for accurate documentation.
- The following information must be typewritten: the participant's name, age, sex, and the sport event. The National Screening and Accreditation Committee (NSAC) watermark must be embedded or overlaid on the main content to indicate authenticity. Additionally, only one specific form should be used for all levels of sport events; otherwise, the form will be considered invalid.
- For the item "Name", please follow the format: "Last Name, First Name, Middle Initial."
- In the table referring to the educational level of the athlete participant, always indicate the "Year Level" and the "Date of Examination" per event meet, i.e., under the column "Lower/ District", if the dental examination is done during the Lower/ District Meet. Follow the same

procedure for the succeeding activities such as Division Meet, Regional Meet and Palarong Pambansa.

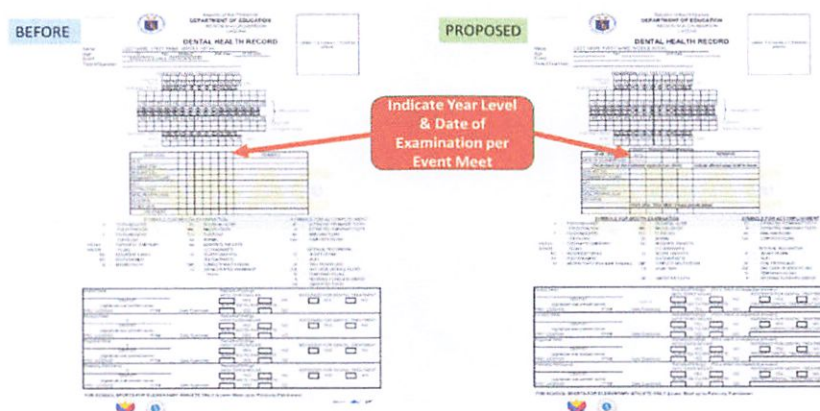


Figure 2. Grade Level and Date of Examination

- Place a checkmark (✓) next to the treatment requested for each sport event screening. Options include: Sealant, Permanent Filling, ART, Extraction, Oral Prophylaxis, and Referral. Under the item “Remarks”, indicate the areas/ tooth numbers affected or need dental management/ treatment.
- In the last table, write down the dentist's name and sign above the printed name. FILL IN ONLY the meetings attended and always indicate the date of examination, and the PRC License to make it valid. For the Remarks/Findings section, it is required to check (✓) the appropriate responses or provide details as necessary.

II. Dental Examination

1. Dental Examination will begin at the Lower Meet and will be conducted for elementary-level athletes only.
2. Take note in the Dental Health Record Form if the athlete is wearing braces or orthodontic appliances. It is important to request Dental Clearance, particularly if the athlete is participating in combative/ contact sports that could increase the risk of injury or complications due to accidental contact or trauma to the oral tissues during play.
3. Indicate whether the third molar, commonly known as the wisdom tooth, is unerupted (UN) or put a check (✓) to confirm its presence or eruption in the Dental Health Record Form of the elementary athlete. Elementary athletes with 3rd molar are automatically disqualified, as its presence is one of the factors that determine if the athlete is overage for the sport they are participating in.³
4. For the purpose of standardization and uniformity, always use “D” for decayed tooth.

³ Memorandum OM-OUOPS-2025-05-01337 with the subject “Guidelines on the Eligibility of Athletes in the Division, Regional, and National Level for the 2025 Palarong Pambansa” under Section 7: Grounds for Disqualification, Item B: Elementary athletes with 3rd molar tooth.

Annex D.

SUMMARIZED PROCESS FLOW OF MEDICAL AND DENTAL EXAMINATION

SPORTS EVENT LEVEL	TASK	DATE OF CONDUCT	PERSON RESPONSIBLE
LOWER / DIVISION MEET (Medical)** <i>**Athletes who will be joining more than one (1) Sports Event must be included in separate Master Lists of the Sports Event and must secure for each event a Medical Certificate Form 1, Medical Certificate Form 2 and Dental Certificate if elementary athlete</i>	Submission of Masterlist* of athletes per event with the ff: 1. Name of SDO 2. Name of School 3. Name of Coach	Prior to Scheduled Medical Examination	Athlete / delegate, DSAC/ School Sports Coordinators/ Coaches
	-Securing and submission of Medical Certificate Forms 1 & 2, Parents' Consent Form, PSA Birth Certificate -Submission of Medical Certificate Form 3	Scheduled Medical Examination Scheduled Medical Examination	Athlete / delegate, DSAC/ School Sports Coordinators/ Coaches Coaches, Assistant Coaches, Chaperones
	Checking of Medical History and vital signs	Scheduled Medical Examination	SDO Nurses
	Medical Examination utilizing Medical Forms as indicated	Scheduled Medical Examination	SDO Medical Officers
	Taking note of the pending medical clearance and the reason in the form	Scheduled Medical Examination	SDO Medical Officers SDO Nurses
	Issuance of Medical Certificates upon presentation of Medical Clearance duly signed by the Specialist Physician		SDO Medical Officers

LOWER/ DIVISION MEET (Dental)** <i>**Athletes who will be joining more than one (1) Sports Event must be included in separate Master Lists of the Sports Event and must secure for each event a Medical Certificate Form 1, Medical Certificate Form 2 and Dental Certificate if elementary athlete</i>	Submission of Masterlist of athletes per event with the ff: 1. Name of SDO 2. Name of School 3. Name of Coach	Prior to Scheduled Dental Examination	Elementary Level Athlete, DSAC/ School Sports Coordinators/ coaches
	Dental Examination of athletes in Elementary level utilizing filled out Dental Health Record Form	Scheduled Dental Examination	SDO Dentists, Dental Aides, Elementary Level Athlete, School Sports Coordinators/ Coaches
	Pending dental certificate and issuance of referral to athletes needing dental treatment/clearance	Scheduled Dental Examination	SDO Dentists
	Issuance of Dental Certificate upon presentation of Dental Clearance duly signed by the attending dentist		SDO Dentists
REGIONAL MEET	Posting of Masterlist of athletes to participate in the RAAM/ Palarong Pambansa in a Regional Memorandum	Prior to Screening for the Regional Meet	RSAC
	Utilization of the same forms submitted during Lower/ Division Meet - Medical Certificate Forms 1 & 2, Parents' Consent Form, PSA Birth Certificate	Scheduled Medical Examination	Athlete

	- Medical Certificate Form 3	Scheduled Medical Examination	Coaches, Assistant Coaches, Chaperones
	Checking of Medical History and vital signs	Scheduled Medical Examination	SDO Nurses
	Medical Examination utilizing Medical Forms as indicated	Scheduled Medical Examination	SDO Medical Officers
	Elementary delegates will proceed to Dental Station. Secondary delegates and coaches will go to their respective DSAC.	Scheduled Dental Examination	SDO Dentists
	Taking note of the pending medical/ dental certificates and the reason in the screening form to be recorded in a Google Sheet intended for the purpose		Assigned SDO Nurses/SDO Dentists
	Issuance of Medical/ Dental Certificates upon presentation of Medical/ Dental Clearance duly signed by the attending physician/ dentist		SDO Medical Officers / SDO Dentists
Pre- National Qualifying Meet towards Palarong Pambansa	Review the submitted documents and streamline by reducing numbers of athlete delegations to play at the Palarong Pambansa		NSAC