Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF AKLAN

October 15, 2026

DIVISION MEMORANDUM
No. 623, s. 2026

GUIDELINES ON THE DELIVERY OF SCHOOL HEALTH SERVICES FOR SCHOOL YEAR 2026-2027

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors, Principals In-Charge of the District
Head Teacher-In-Charge of the District
Senior/Education Program Specialists
Heads of Public Elementary, Secondary, and Integrated Schools
All Others Concerned

1. Attached is Regional Memorandum No. 1063, s. 2026 dated October 14, 2026 regarding **Guidelines on the Delivery of School Health Services for School Year 2026-2027,** which is self-explanatory.

2. Immediate dissemination of and compliance of this Memorandum are desired.

FELICIANO C. BUENAFE JR., CESO V
Schools Division Superintendent

Enclosure: None
Reference: Regional Memorandum No. 1063, s.2026
To be indicated in the Perpetual Index
Under the following subjects:

FUNDS
HEALTH EDUCATION
LEARNERS
OFFICIALS
PROGRAMS
SCHOOLS
TEACHERS

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Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS

OCT 14 2026

REGIONAL MEMORANDUM
No. 1063 s. 2026

GUIDELINES ON THE DELIVERY OF SCHOOL HEALTH SERVICES FOR SCHOOL YEAR 2026-2027

To: School Division Superintendents
All Others Concerned

1. Attached is DepEd Memorandum No. 059, s. 2026 from **Atty. Fatima Lipp D. Panontongan, Undersecretary and Chief of Staff,** dated September 26, 2026 regarding the **Guidelines on the Delivery of School Health Services for School Year 2026-2027**, which is self-explanatory.

2. Immediate dissemination of and compliance with this Memorandum are desired.

CRISTITO A. ECO, CESO III
Regional Director

Enclosure: As Stated
Reference: DepEd Memorandum No.059, s. 2026
To be indicated in the Perpetual Index
under the following subjects:

FUNDS
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OFFICIALS
PROGRAMS
SCHOOLS
TEACHERS

REB/ESSD-RM – guidelinsonthedeliveryofschoolhealthservicesforschoolyear2026-2027
288/October 9, 2026

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Republic of the Philippines
Department of Education

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DepEd MEMORANDUM
No. 059 , s. 2026

GUIDELINES ON THE DELIVERY OF SCHOOL HEALTH SERVICES FOR SCHOOL YEAR 2026–2027

To: Undersecretaries
Assistant Secretaries
Minister, Basic Higher and Technical Education, BARMM
Bureau And Service Directors
Regional Directors
Schools Division Superintendents
Public Elementary and Secondary School Heads
Attached Agencies
All Others Concerned

1. In line with the Department of Education's (DepEd) 5-Point Reform Agenda on **learners' well-being and safety**, DepEd ensures learners' access to quality **school health services** to enable learners to attain their full educational potential.

2. The provision of these services has been institutionalized through various issuances, including but not limited to: DepEd Order (DO) No. 28, s. 2018 (Policy and Guidelines on Oplan Kalusugan sa Department of Education), which mandates the continued delivery of health services throughout the school year (SY); and DOH-DSWD-DepEd-CHED-LEB-TESDA-DILG Joint Administrative Order No. 2022-0001(Guidelines on the Healthy Settings Framework in Learning Institutions), which emphasizes access to health care as a key pillar of the framework and identifies immunization, reproductive health, substance use, and mental health as priority areas.

3. With the issuance of DO 009, s. 2026, titled Guidelines on the Implementation of the Three-Term School Calendar in Basic Education, DepEd reiterates that **access to school health activities and services shall remain unhampered** throughout SY 2026–2027.

a. Schools are enjoined to continue maximizing activities that involve parents/parent-substitutes/legal guardians throughout the SY to invite a resource person for **PhilHealth Registration Promotion**, ensuring learners' year-round access to health services. Similar to what some schools have done during the Brigada Eskwela (June 1–5, 2026), PhilHealth Registration Promotion may be done through the conduct of a **Yaman ng Kalusugan (YAKAP) Caravan**, a PhilHealth initiative where a YAKAP-accredited clinic visits communities, workplaces, schools, and such other places to provide free health services and facilitate PhilHealth registration.

b. The **Initial Mandatory Health Assessment**, which commenced during the dedicated time under the **Opening Block** (June 8–11, 2026) and continued until July 3, 2026, based on DO 009, s. 2026, specifically covers:

i. **Information Dissemination on the Services** - done during the Learners' and Parents' Orientation

ii. **Securing Parents' Consent** - specifically for commodity-based services; collected per class by the Class Advisers

iii. **Baseline Nutritional Assessment** - height- and weight-taking of learners to determine their nutritional status; conducted per class by the Class Advisers

iv. **Master Listing** - preparation of the list of all learners who are qualified to avail of the school health services, based on the nutritional assessment conducted (to determine beneficiaries for the School-Based Feeding Program [SBFP]) and the parents' consent secured (for commodity-based services)

Meanwhile, **Endline Nutritional Assessment** shall be conducted toward the end of the SY for SBFP beneficiaries.

c. The conduct of **Learners' Health Assessment and Screening (LHAS), covering Head-to-Toe and Oral Health Assessments and Universal Mental Health and Psychosocial Screening,** and provision of corresponding interventions are permitted across all terms beginning July 13, 2026, during both **Instructional** and **End-of-Term Blocks,** except during Wellness Breaks, unless the required intervention is urgently necessary.

The administration of the tools for universal mental health and psychosocial screening is recommended beginning August 10, 2026, to allow sufficient time for acquaintance-building with learners, until December 14, 2026, to allow time for referral and appropriate interventions within the SY, for schools that have met the following criteria:

i. Has school personnel (e.g., Care Center personnel or teachers) or access to personnel (e.g., schools division office [SDO] personnel) who have been oriented on and are capable of:

1. administering the screening, and
2. either conducting the assessment or facilitating appropriate referral based on the screening results.

This may be achieved through the completion of the Foundational Course on Adolescent Health, the Adolescent Health Education and Practical Training (ADEPT), or the Adolescent Job Aid (AJA) 2.0 Skills Enhancement Training (ASET), training or orientation on the Children and Adolescent Risk Screener (CARS), or other equivalent trainings.

ii. Has a functional referral network for psychosocial concerns, including an updated directory of local clinics, hospitals, social welfare offices, law enforcement agencies, and other relevant support offices or service providers.

d. The delivery of **Commodity-Based Services (e.g., deworming, iron and folic acid supplementation, immunization)** is permitted across all terms beginning July 13, 2026, during both **Instructional** and **End-of-Term Blocks,** except during Wellness Breaks.

e. All schools, especially those without functional clinics and Care Centers (formerly Guidance Offices), shall, with guidance from the SDO School Health and Nutrition (SHN) Personnel and other relevant learner support personnel (e.g., schools division counselor once hired or designated personnel for Guidance and Counseling, focal for learner rights and protection), have **Referral Mechanisms and Protocols** for learners' health concerns that may arise during the SY and are beyond the school's capacity to respond to, given its limited personnel and/or resources.

4. Pursuant to DO 009, s. 2026, schools, together with SDO SHN Personnel, shall, in consideration of resources available only outside the school, **strategically schedule, conduct, and deliver school health services and activities**. These shall preferably be held outside class hours **to minimize, if not eliminate, disruption to instructional time**. In case the delivery and conduct of these services and activities during class hours are unavoidable, strategies may include but are not limited to utilizing the time slot allotted for the Homeroom Guidance Program; distributing commodities through Class Advisers; or when necessary, pulling out learners from classes individually, in pairs, or in batches. This is further discussed in **Enclosure No. 1** of this Memorandum.

5. Teachers shall ensure that learners who miss classroom activities due to the delivery of health services (e.g., temporarily pulled out to avail of the service; sent home or advised to stay home following an intervention; referred to external health service providers for further management; or experiencing adverse effects following immunization) are provided with appropriate **catch-up activities,** if needed, subject to the recommendation of attending health personnel, who shall assess the learner's capacity to undertake learning tasks.

6. Teachers' primary role in school health service delivery is to integrate key information on these services into their lessons and teaching and learning activities to properly inform learners and encourage them to avail of the services. Beyond this, teachers' participation in the delivery of school health services shall be limited to the tasks enumerated under Section C of Enclosure No. 1, pursuant to DO 005, s. 2024 (Rationalization of Teachers' Workload in Public Schools and Payment of Teaching Overload). Enclosure No. 1 provides a summary of tasks that may be assigned to teachers, together with further details on the aforementioned school health services and recommended strategies for scheduling and delivery to minimize disruption to instructional time.

7. The SHN Personnel shall support school heads in ensuring the conduct and delivery of school health services and activities, including through **coordination with health service providers**, such as local health offices, PhilHealth, and nearby YAKAP clinics; **scheduling of services** based on the Master Lists submitted by schools; and facilitating the establishment of a **unified referral system** within their respective divisions, to which school-level referral mechanisms shall be linked. These implementation strategies for SDO SHN Personnel in supporting the delivery of school health services are further discussed in **Enclosure No. 2** of this Memorandum.

8. A compilation of resources and materials is available at **https://bit.ly/schoolhealth2627resources**, which may serve as a reference for

teachers integrating information on school health services into their lessons, and for other personnel in promoting the services. This will be updated throughout the SY.

9. Learners who are identified, during the delivery of school health services (e.g., during mental health and psychosocial screening or head-to-toe assessment), as using substances such as tobacco, vape, or alcohol, shall be referred for appropriate interventions, including management as children at-risk or children in conflict with the law under the oversight of the school's Child Protection Committee, as applicable, pursuant to DO 006, s. 2026, or the Guidelines on Ensuring a Safe and Motivating Learning Environment. Further, data or information gathered arising from the disclosures or findings made in the delivery of health services shall not, in themselves, constitute grounds for the imposition of penalties pursuant to DO 006, s. 2026. This preserves the trust, confidence, and sense of safety of all those involved, especially the learners, in the delivery of school health services.

10. The delivery of school health services, while led by SDO SHN Personnel, shall be undertaken **in collaboration with other stakeholders** such as local government units (LGUs) through their local health offices, PhilHealth offices, and YAKAP clinics, universities offering medical and allied health programs, professional organizations, and other partners. This collaboration may include but is not limited to: (a) deployment of qualified and/or trained professionals; (b) provision of commodities; (c) establishment of referral mechanisms; and (d) data-sharing arrangements to support service delivery.

11. While SDOs and schools shall **endeavor to provide all learners** with school health services within the SY, **actual and realistic targets and timelines** per school shall depend on the capacity of the SDO, the school, and partners, as determined through **multi-stakeholder coordination and planning**. Factors include the size of the SDO and the number of schools under it; availability of health personnel in DepEd, LGUs, and external partners; geographic considerations; travel time; and availability of commodities and funds.

12. To ensure the widest possible reach, regional offices (ROs) and SDOs are instructed to ensure that **SHN Personnel prioritize tasks directly related to the delivery of school health services to learners and refrain from assigning them functions that do not directly contribute to this purpose**. The ROs and SDOs are encouraged to explore other strategies to address the health needs of teaching and non-teaching personnel, including but not limited to tapping local health offices or PhilHealth-accredited clinics, and ensuring that the procurement specifications for venues of DepEd activities include the provision of medical teams, so that SHN Personnel need not be deployed to such activities. Similarly, the accreditation of RO and SDO clinics to PhilHealth, which may require significant time and administrative effort from SHN Personnel but do not directly contribute to service delivery to learners, shall not be prioritized at this time. However, this shall not preclude SHN Personnel from providing necessary health assistance to fellow DepEd personnel, consistent with their professional duty to render medical or first aid response when warranted by the situation, such as, but not limited to, during emergencies.

13. The SDOs and schools shall ensure the allocation of necessary funds and payment of expenses incurred by SHN and other personnel involved in the conduct and delivery of school health services and activities, subject to existing accounting and auditing rules and regulations. Such expenses may be charged against Program Support Funds (PSF) for School Health Programs or local Maintenance and Other Operating Expenses (MOOE), as available. In addition, PSF has been downloaded and may be utilized to fund LHAS activities for learners participating in the Academic Recovery and Accessible Learning (ARAL) Program, pursuant to the unnumbered memorandum from the Office of the Secretary, dated June 11, 2026, with the subject, Downloading of PSF

for Health Screening Activities under the ARAL Program. All offices and schools are likewise enjoined to pursue partnerships to augment resources and costs of implementation, subject to existing laws, rules, policies, and relevant issuances.

14. The updating and sharing of the Master Lists shall be guided by the following provisions:

a. SHN Personnel shall update, in real time, the sections of the Master List corresponding to services that they directly provide in schools (e.g., during scheduled visits for assessment) or that are delivered by partners through their coordination (e.g., LHAS conducted by partners).

b. Schools shall update the sections of the Master List corresponding to services in which school-based personnel are directly involved, based on services delivered during each term. While the Master Lists shall be accessible and may be updated in real time, schools shall ensure that all updates pertaining to a given term are completed by the end of that term, in alignment with the three-term calendar.

Table 1. Deadlines for School Updating

Service Delivery Period	Deadline of School Updating
Submission of Initial Master List to SDO (with Nutritional Assessment and identified services consented by parents)	Before the commencement of SDO-scheduled LHAS and delivery of commodity-based services by the SDO
From the first submission of the Master List to the SDO up to December 2, 2026	December 18, 2026
From the last date of updating up to April 2, 2027	April 5, 2027

c. Only sections of the Master List involving information directly known to teachers shall be assigned to them for input and updating (e.g., basic learner information, including those collected through consent forms; nutritional assessment findings from School Form 8; identified learners qualified for commodity-based services based on parents' consent; results of screening, if the teacher was involved in the conduct or administration of the screening; and updates on commodity-based services, if the teacher was involved in the delivery of such services).

d. Submission of reports by the SDOs to ROs, and the ROs to the Central Office, shall be subject to the Omnibus Guidelines on the Reporting of School Health Data and Activities for Fiscal Year 2026, to be issued separately.

e. To support the uniform delivery of school health services and ensure standardized recording and reporting of learners' health data, field offices and schools are enjoined to use the templates, forms, and tools available at **https://bit.ly/schoolhealth2627forms**. SDOs and schools shall likewise ensure that external partners providing school health services (e.g., those conducting YAKAP Caravans) use, accomplish, and submit the same templates, forms, and tools to support proper monitoring of service delivery to learners.

f. SDOs may share with relevant partners information contained in schools' Master Lists that is necessary for referral or the provision of further services. SDOs shall ensure that only the minimum information necessary for the specific purpose is disclosed and that such information is accessible only to authorized personnel directly involved in providing the service. Where necessary and practicable, ROs may facilitate the consolidation of information from multiple SDOs and the sharing of the same with relevant partners, especially when such partners operate at the regional or national level rather than at the SDO level. All information collected, processed, and shared shall be handled with strict confidentiality and in accordance with the provisions of Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, its implementing rules and regulations, and relevant policies and DepEd issuances.

15. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City, through email at blss.shd@deped.gov.ph.

16. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:

ATTY. FATIMA LIPP D. PANONTONGAN
Undersecretary and Chief of Staff

Encls.:
As stated

References:
DepEd Order (Nos. 009 and 006, s. 2026; 005, s. 2024; and 028, s. 2018)

To be indicated in the Perpetual Index
under the following subjects:

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(Enclosure No. 1 to DepEd Memorandum No. 059, s. 2026)

OVERVIEW OF THE SCHOOL HEALTH SERVICES AND RECOMMENDED STRATEGIES FOR SCHEDULING AND DELIVERY TO MINIMIZE DISRUPTION TO INSTRUCTIONAL TIME

A. SUMMARY MATRIX OF THE SCHOOL HEALTH SERVICES

WHEN *(Which period of the three-term calendar the service is recommended to be delivered)*	WHAT *(School health service)*		WHO *(Recommended school-based personnel to be involved, highlighting teachers' tasks)*	HOW *(Recommended strategies to minimize disruption to instruction)*
Brigada Eskwela *(may continue on the Opening Block during Parents' Orientation, and throughout the school year during activities that involve parents)*	**PhilHealth Registration Promotion**		• SDO SHN to coordinate with/invite resource person from PhilHealth	Preferably done during *Brigada Eskwela*, may also be conducted as part of Parents' Orientation during the Opening Block; may continue to be done throughout the school year during activities that involve parents
Opening Block *(until July 3, 2026)*	**Initial Mandatory Health Assessment**	**Information Dissemination on the Services**	• Personnel tasked to conduct the Orientation (e.g., school counseling personnel) • May be advisers if orientation is done per class	To be done during the Learners' and Parents' Orientation; may continue through IEC activities and materials throughout the school year, especially during activities that involve parents
		Securing Parents' Consent – specifically for commodity-based services	• Advisers to collect consent and input into the Master List	Distributed/collected during Parents' Orientation; may be sent home/collected through learners
		Baseline Nutritional Assessment – height- and weight-taking of learners to determine their nutritional status	• Advisers to take height and weight of learners and input into the Master List	Dedicated time during the Opening Block; Beyond the Opening Block, may be done during breaks/outside class hours, or during Homeroom Guidance Program/MAPEH time (as practicable)
		Master Listing – preparation of the list of all learners who are qualified to avail of the school health services	• Advisers to prepare Master List per class • School Heads to ensure consolidation and submission to SDOs	Considered an ancillary task
July 13 onwards[1] ***(across Instructional and End-of-Term Blocks** except during dedicated Wellness Breaks, unless corresponding interventions are urgent)*	**LHAS and Corresponding Interventions**	**Head-to-Toe Assessment**, including Health History Intake, Vision and Hearing Screening, and Provision of Corresponding Preventive and Remedial Measures	• SDO/Partner MOs/Nurses visit schools • Teachers excuse learners from classes • Properly trained/oriented advisers may conduct vision screening	Learners may be temporarily pulled out from classes—individually, in pairs, or in batches—depending on the availability of health personnel
		Oral Health Assessment, Provision of Corresponding Oral Treatment, and Topical Fluoride Varnish Application	• SDO/Partner Dentists visit schools • Teachers excuse learners from classes	
		[From August 10 to December 14, 2026 only, and only in qualified schools] Universal Mental Health and Psychosocial Screening and Provision of Corresponding Mental Health and Psychological Support (MHPSS)	• Properly trained/oriented advisers to administer screening tools	Homeroom Guidance Program time may be utilized
July 13 onwards[1] ***(across Instructional and End-of-Term Blocks** except during dedicated Wellness Breaks, final schedule subject to availability of commodities)*	**Commodity-Based Services**	**[July 2026, January 2027] Mass Drug Administration** (MDA) for Schistosomiasis and Soil-Transmitted Helminthiasis (STH) (Deworming)	• SDO SHN personnel coordinate • LGU health personnel ensure delivery • Advisers distribute/assist in the distribution of the commodities	Distribution may be done during breaks/outside class hours, or during Homeroom Guidance Program time
		[July 2026, January 2027] Weekly Iron and Folic Acid (WIFA) Supplementation		
		School-Based Immunization (Measles-Rubella (MR) and Tetanus diphtheria (Td) vaccines, Human Papillomavirus (HPV) vaccine)[2]	• LGU health personnel administer the service • SDO SHN personnel coordinate • Teachers excuse learners from classes	Learners may be temporarily pulled out from classes—individually, in pairs, or in batches—depending on the availability of health personnel
Before end of SY	**Endline Nutritional Assessment**		• Advisers/MAPEH Teachers	May be done during breaks/outside class hours, or during Homeroom Guidance Program/MAPEH time (as practicable)
Available throughout the SY	**Referral Protocols and Mechanisms**			

[1] *The "Start" and "End of Mandatory Health Assessment" in Annex B of DO 039, s. 2026 shall specifically refer only to those listed as such. All other mandatory assessment activities and health services shall continue throughout the school year, as shown in the matrix.*

[2] *While LHAS and the delivery of community-based services are generally scheduled beginning July 13, schools are not precluded from conducting such activities as early as the Opening Block, if within their capacity.*

B. DETAILED DESCRIPTION OF EACH SERVICE AND RECOMMENDED STRATEGIES TO MINIMIZE DISRUPTION TO INSTRUCTIONAL TIME

1. **PhilHealth Registration Promotion.** This shall be the priority school health activity during *Brigada Eskwela*.

   a. SDO SHN Personnel shall coordinate with the local PhilHealth office and School Heads for the scheduling of orientation sessions to be conducted by resource persons from PhilHealth.

   b. Given that not all schools have been able to conduct such promotional activities during *Brigada Eskwela*, SDOs and schools shall continue to coordinate with PhilHealth for the conduct of such sessions throughout the school year, to be delivered by PhilHealth resource persons especially during activities involving parents/parent-substitutes/legal guardians, as practicable.

   c. Throughout the school year, School Heads, with support from SHN Personnel, shall likewise endeavor to facilitate the registration to PhilHealth of learners whose health assessment results indicate the need for interventions that may be availed from PhilHealth-accredited health service providers.

   d. PhilHealth Registration Promotion may be also done during the conduct of *Yaman ng Kalusugan (YAKAP)* Caravan, a DepEd-PhilHealth joint initiative where a YAKAP-accredited clinic visits communities, workplaces, schools, and such other places to provide free health services and promote PhilHealth registration.

   e. For reference, the concept note and relevant materials for the conduct of YAKAP Caravan and other PhilHealth registration promotion initiatives may be accessed at https://bit.ly/schoolhealth2627philhealthpromotion .

2. **Initial Mandatory Health Assessment.** This covers the preparatory school health activities that have been conducted from the Opening Block until July 3, 2026. Detailed procedures are available at https://bit.ly/schoolhealth2627preparatory .

   a. **Information Dissemination on the Services.** Activities for this purpose may continue throughout the school year beyond the prescribed period to communicate the importance of school health services, including their associated risks, and facilitate informed consent for learners' access to the services offered. For learners, these may be conducted during classes through lesson integration and other permitted co-curricular activities. For parents/parent-substitutes/legal guardians, these may be undertaken during activities involving them or through take-home materials and other existing communication channels.

   b. **Securing Parents' Consent.** The aim of the information dissemination is to orient parents/parent-substitutes/legal guardians on the health activities and services to be conducted throughout the school year, including those that are mandatory and those requiring prior consent, address possible concerns, and secure their support and participation.

      i. Learners' Health Assessment and Screening (LHAS), including Baseline Nutritional Assessment, are considered essential services mandatory for all learners and **shall not require consent**. Likewise, basic mental health and psychosocial support shall be provided to learners as necessary based

on the results of the universal mental health and psychosocial screening, without prior consent.

ii. All other interventions recommended and/or provided by SDO/school health service providers as a result of assessments (e.g., oral treatment, referral to external health service providers) shall **require consent**. Consent shall likewise be required for all commodity-based services, including but not limited to deworming, supplementation, immunization, and fluoride varnish application.

iii. Consent forms shall be distributed and collected by class advisers, and responses shall be encoded in the class master list. The omnibus consent form may be accessed at https://bit.ly/schoolhealth2627consentform .

c. **Baseline Nutritional Assessment**. This refers to the taking of height and weight measurements of Kindergarten to Grade 6 learners at the start of the school year to determine their nutritional status based on World Health Organization (WHO) standards, as basis for inclusion in the School-Based Feeding Program (SBFP).

i. The Baseline Nutritional Assessment shall have been completed during this period by SHN personnel, class advisers, and other designated personnel. To monitor feeding progress, an Endline Nutritional Assessment shall be conducted by the same school personnel toward the end of the school year for SBFP beneficiaries.

ii. Results of the nutritional assessment shall be incorporated into the master list. Detailed procedures are available at https://bit.ly/schoolhealth2627nutritionalassessment .

d. **Master Listing.** This refers to the school's preparation of the list of all learners who are qualified to receive school health services, as prescribed by these guidelines.

i. Class advisers are assigned to prepare the respective master lists of their learners, while the School Head shall designate appropriate non-teaching personnel to consolidate the lists per grade level and school-wide, and ensure complete, accurate, and timely submission.

ii. The master list serves as basis for the SDO in scheduling learners for the conduct of LHAS and delivery of commodity-based services, in accordance with the school's actual target and timeline as determined through planning with the SDO based on its capacity, and the consent of parents/parent-substitutes/legal guardians. The master list also includes the results of the Baseline and Endline Nutritional Assessments. As consent is not required for LHAS, all learners shall be included in the Master List for LHAS.

iii. The master list shall be used by both the school and the SDO to monitor the progress and completion of service delivery, and to serve as basis for updates on the status of services among learners. Schools shall submit their master lists to the SDO once, *before the SDO-scheduled commencement of the LHAS and delivery of commodity-based services*, and update them at the end of each term to reflect progress.

iv. Detailed procedures for master listing are available at https://bit.ly/schoolhealth2627master_listing.

3. **Learners' Health Assessment and Screening (LHAS) and Corresponding Interventions.** It is recognized that some schools, such as those with school-based health personnel (e.g., LGU-hired or -deployed personnel) or local partners capable of conducting LHAS, may have commenced the conduct of LHAS as early as the Opening Block. However, as this is not the case for most schools, LHAS is generally expected to commence no earlier than July 13, 2026 (to allow sufficient time for the completion of master listing and the scheduling of schools based on the submitted master lists), and continue throughout the school year in accordance with the schedule determined by the SDO SHN Personnel in coordination with the School Head.

a. **Head-to-Toe Assessment, including Health History Intake, Vision and Hearing Screening, and Provision of Corresponding Preventive and Remedial Measures.** Based on the master lists submitted by schools to the SDO, Medical Officers and Nurses shall schedule the conduct of the following:

i. **Head-to-toe assessment** refers to a thorough examination done once a year for all learners. It is performed by health personnel to detect signs and symptoms of illness, physical or behavioral defects or abnormality, monitor the hygiene practices of the learners, and provide health education to learners and parents/parent-substitutes/legal guardians in preventing and managing common ailments. This shall include conducting anthropometric measurements, such as the height and weight of a learner, and calculating their Body Mass Index (BMI) to determine their overall nutritional status and to identify and address potential nutritional concerns.

ii. **Health history intake** refers to the recording of past medical history (allergies, ongoing medical conditions, past surgeries/hospitalization), family medical history, smoking/vaping history, handedness, immunization status, and other relevant information and may include targeted history taking if deemed appropriate by the interviewer. This may be elicited by health personnel from the learner or the parent/parent-substitute/legal guardian.

iii. **Vision screening** or visual acuity screening refers to the use of charts, occluders, transparent response key, and other methods aimed at early detection and management of vision problems among learners. **Hearing screening** refers to the use of a 512 Hz tuning fork or a retractable pen by health personnel to identify learners who may require comprehensive audiological assessment and further management by appropriate healthcare professionals.

iv. If Head-to-Toe Assessment falls during the Instructional Block, learners may be pulled out from classes individually, by pairs, or in small groups, depending on the number of health personnel present in the school to conduct the assessment, in order to minimize disruption to instructional time.

v. Vision Screening is mandatory for all Kindergarten learners, who shall likewise be prioritized for Hearing Screening. Next priority for Vision and Hearing Screening are Grades 1 and 4 learners, followed by learners participating in the Academic Recovery and Accessible Learning (ARAL) Program who have not been screened, and those showing signs of difficulty

in reading or identified as non-readers. For Vision Screening, the next priority thereafter shall be learners aged 15 years and below, as they are eligible for the PhilHealth benefit package for optometric services for children.

vi. Vision and Hearing Screening shall form part of the Head-to-Toe Assessment conducted by SHN personnel and/or local health service providers during their scheduled school visits. However, these may likewise be conducted in advance by trained school personnel, including teachers, if available, during Homeroom Guidance time and other available free or break time prior to the SDO-scheduled Head-to-Toe Assessment.

vii. Detailed procedures for Head-to-Toe Assessment, including the referral protocol for learners screened with vision concerns, are available at https://bit.ly/schoolhealth2627head-to-toe .

b. **Oral Health Assessment and Provision of Corresponding Treatment (OUT, ART), and Topical Fluoride Varnish Application.** Based on the master lists submitted by schools to the SDO, Dentists shall schedule the conduct of the following oral health activities.

i. **Oral health assessment** refers to the structured evaluation of the oral cavity conducted by licensed dentists as part of the School Dental Health Care Program (SDHCP) to determine the dental health condition of learners and school personnel. This process includes inspection of the teeth, gums, and other oral tissues to identify dental caries, periodontal issues, and other oral health concerns. It supports early detection, timely intervention, and referral for necessary treatment, thereby promoting preventive oral care and improving the overall health and learning capacity of students. This initiative is implemented in accordance with DepEd Order No. 41, s. 2020, or the *Guidelines on the Implementation of the School Dental Health Care Program, Including Medical and Nursing Services for School Year 2020-2021*, which provides guidelines for the delivery of basic medical, dental, and nursing services in schools.

ii. **Topical Fluoride Varnish Application** refers to the application of sodium fluoride varnish at least once per school year for all learners, prioritizing Kindergarten-Grade 3 learners, and learners from all other grade levels with active dental caries. This requires consent from parents/parent-substitutes/legal guardians.

iii. Similar to Head-to-Toe Assessment, if these oral health activities fall during the Instructional Block, learners may be pulled out from classes individually, by pairs, or in small groups, depending on the number of health personnel present in the school to deliver the service, to minimize disruption to instructional time.

iv. SDO Dentists, in coordination with the School Head, shall observe the relevant provisions of **DOH Department Circular No. 2026-0047**, titled *Guidelines on Infection Prevention and Control in Other Facility-Based and Community-Based Dental Settings*. The said Circular provides specific guidance on the delivery of oral health services in settings such as school dental clinics, as well as in other non-clinic settings, including dental missions and outreach services, which are comparable to the conditions in schools without dental clinics.

4

v. Detailed procedures and references are available at https://bit.ly/schoolhealth2627oralhealth .

SDO SHN Personnel are expected to utilize their contact time with learners during the conduct of the LHAS to provide chairside instruction and other necessary health education.

c. **Universal Mental Health and Psychosocial Screening and Provision of Corresponding MHPSS.** The administration of the tools for universal mental health and psychosocial screening may be undertaken by trained or oriented classroom advisers, school counseling personnel, or school health personnel during the applicable time slot for the Homeroom Guidance Program from August 10 to December 14, 2026. The recommended start date allows sufficient time for acquaintance-building with learners, while the recommended end date allows sufficient time for referral and appropriate interventions within the school year.

i. **Universal Mental Health Screening** refers to the systematic assessment of learners on their academic, behavioral, and social-emotional functioning. The purpose of this screening is to identify at-risk learners and provide early intervention and support, or referral for specialized help if needed. Screening is limited to the assessment of risks and is not intended for the clinical diagnosis of mental disorders. This screening will use the Children and Adolescents Risk Screener (CARS), a locally developed tool that assesses various areas of mental health concerns. The tool shall be administered to learners from Kindergarten to Grade 12 in all qualified schools, only by personnel who have received proper training.

ii. **Psychosocial Screening** is a psychosocial triage for the early identification of risk factors to prevent unfavorable health outcomes. For this purpose, DepEd has adopted Rapid HEEADSSS[1], a self-administered questionnaire recommended for adolescents aged 10-19 or Grades 4 to 12. Rapid HEEADSSS will be administered by homeroom advisers or any qualified personnel with relevant training. Those who will be identified as "at-risk learners," based on the results the Rapid HEEADSSS, shall be referred to the personnel trained in/capable of providing **comprehensive psychosocial assessment** or the Comprehensive HEEADSSS Interview, a guided, semi-structured interview conducted on adolescents identified with risk indicators.

iii. Universal Mental Health and Psychosocial Screening shall be **conducted during the Homeroom Guidance Program** in schools that have met the requirements for the administration of the adopted screening and assessment tools, as provided in the cover of this Memorandum. Schools that are unable to administer the tools during the current school year are encouraged to use the current school year to meet these requirements and qualify for the administration of the screening in succeeding school years.

iv. Detailed procedures, including the prescribed interventions based on the results of the CARS, as well as the latest versions of the CARS and HEEADSSS forms and tools, are available at https://bit.ly/schoolhealth2627mentalhealth . This also includes a list of behaviors and situations indicative of mental health concerns that all school personnel shall be oriented about as well as the protocols for

[1] HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety, and is a globally recognized psychosocial interview framework for adolescents.

handling mental health crises or mental health concerns arising from crisis situations.

4. **Commodity-Based Services.** Given that commodity-based services are scheduled based on the availability of commodities from local health offices, their delivery is expected to take place during the Instructional Block, beginning in July.

a. **Mass Drug Administration (MDA) for Schistosomiasis and Soil-Transmitted Helminthiasis (STH) (July, January).** MDA is a strategy under the Department of Health's (DOH) Schistosomiasis Control and Elimination Program and Integrated Helminth Control Program targeting at-risk age groups. The DOH, in partnership with DepEd, facilitates the distribution of MDA commodities in schools to eligible learners through the conduct of **school-based deworming**.

b. **Weekly Iron and Folic Acid (WIFA) Supplementation (July, January).** WIFA supplementation, as a nationwide routine activity in schools, is among the strategies of the DOH to reduce the prevalence of malnutrition among women of reproductive age, particularly for adolescent female learners. The DOH, in partnership with DepEd, facilitates the distribution of WIFA commodities to female Grade 7-12 learners for three months, in two rounds, beginning in July for the first round and in January for the second round, subject to the availability of the commodities.

c. **School-Based Immunization (SBI) [Measles-Rubella (MR) and Tetanus-diphtheria (Td) vaccines, Human Papillomavirus (HPV) vaccine].** SBI aims to protect learners from vaccine-preventable diseases such as measles, rubella, tetanus, diphtheria, and human papillomavirus (HPV). Target learners vary depending on the vaccine:

Vaccine	Target Learners
MR and Td Vaccines	G1 and G7
Human Papillo Virus (HPV Vaccine)	G4-Female

d. The distribution of commodities for MDA/deworming and WIFA supplementation, as well as the conduct of the SBI, shall be coordinated by the SDO SHN Personnel with their counterpart health personnel from the local government, who shall ensure the timely and adequate delivery and/or availability of the required commodities in schools based on the Master List (i.e., number of target learners whose parents/parent-substitutes/legal guardians have provided consents).

i. Advisers may be tapped to distribute or assist in the distribution of MDA/deworming and WIFA commodities during the Homeroom Guidance Program or during breaks or outside class hours, provided that health personnel are present in the school to provide the necessary monitoring of learners and respond to any adverse events or other health concerns, as necessary.

ii. Similar to head-to-toe and oral health assessments, strategies to minimize disruption to classes during the conduct of SBI may include pulling learners out of class individually, by pairs, or in small groups, depending on the number of available personnel from the local health office administering the vaccines.

e. Detailed procedures and references about these services are available at https://bit.ly/schoolhealth2627commodity .

5. **Endline Nutritional Assessment.** The School Head shall ensure that all SBFP beneficiaries undergo endline nutritional assessment before the end of the school year. The actual conduct of the assessment may be done by the beneficiaries' respective classroom advisers during the Homeroom Guidance Program or MAPEH teachers, as practicable.

6. **Referral Mechanisms and Protocols.** With the support of SHN Personnel, schools shall ensure linkage to a unified health referral system in their barangay, municipality, city, or province to which they can elevate learners' health concerns throughout the school year that may be beyond their capacity to address. Referral may be required for: (i) the day-to-day health emergency concerns of learners, particularly for schools without functional clinics; (ii) interventions required based on the results of health assessments; or (iii) management of the possible effects of commodity-based services, as necessary. Each school shall keep a directory of local health service providers to contact when necessary, and orient all school personnel on the mechanisms on when and how to refer health concerns.

C. TASKS THAT MAY BE ASSIGNED TO TEACHERS RELATED TO THE DELIVERY OF SCHOOL HEALTH SERVICES

Teachers' primary role in school health service delivery is to integrate key information on these services into their lessons and teaching and learning activities to properly inform learners and encourage them to avail of the services. Beyond this, teachers' participation in the delivery of school health services shall be limited to the following, pursuant to **DepEd Order No. 005, s. 2024**, or the *Rationalization of Teachers' Workload in Public Schools and Payment of Teaching Overload*:

1. Disseminate information on the services during classroom-based orientations for parents and learners, and similar activities;
2. Observe possible physical health concerns in day-to-day interactions with learners and provide first aid or appropriate interventions, if trained, or refer as necessary;
3. Observe behaviors or situations indicative of mental health concerns among learners, provide psychological first aid as necessary, if trained, and report to the Care Center;
4. If properly trained/oriented, administer (i.e., distribute, provide instructions for, and collect) tools for universal mental health and psychosocial screening during Homeroom Guidance;
5. Conduct baseline nutritional assessment (height- and weight-taking) for learners in their class during the Opening Block or Homeroom Guidance, and endline nutritional assessment for SBFP beneficiaries;
6. If properly trained, conduct vision screening during the Opening Block, Homeroom Guidance, breaks, or after class hours;
7. Distribute or assist in the distribution of health commodities (e.g., deworming tablets and WIFA supplements) to identified learners in their advisory class;
8. Facilitate and monitor learners' participation in scheduled head-to-toe assessments, oral health assessments, and school-based immunization, and provide catch-up activities, as needed;
9. Secure parents' consent for health services; and
10. Prepare the master list of learners who will avail of school health services based on baseline nutritional assessment conducted and parents' consent secured, and update only sections of the master list for which they have direct knowledge.

(Enclosure No. 2 to DepEd Memorandum No. 059, s. 2026)

IMPLEMENTATION STRATEGIES FOR SCHOOL DIVISION OFFICE (SDO) SCHOOL HEALTH AND NUTRITION (SHN) PERSONNEL IN SUPPORT OF THE DELIVERY OF SCHOOL HEALTH SERVICES

To support the delivery of these school health services, SDOs, through their SHN Sections, shall implement the following strategies:

1. **OK *sa* DepEd TWG's oversight of the delivery of the services**. The SDO OK *sa* DepEd Technical Working Group (TWG), pursuant to **DepEd Order No. 028, s. 2018**, titled "*Policy and Guidelines on Oplan Kalusugan sa Department of Education*," shall be primarily in charge of ensuring that schools under their jurisdiction deliver the services as scheduled. The Schools Division Counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services (e.g., an RGC who may be detailed at the SDO), although not an identified member of the SDO OK *sa* DepEd TWG under DO 28, s. 2018, shall also be primarily involved in the conduct of universal mental health and psychosocial screening and assessment. Other relevant Learner Support Personnel, such as the focal persons for learner rights and protection, shall also be engaged. This includes, but is not limited to, establishing referral systems.

2. **Collaboration with local government units (LGUs) and other external partners**. Schools shall ensure that all school health services are delivered in collaboration with stakeholders, including LGUs, as facilitated by the SDO.

3. **Planning and coordination of SDO personnel with schools**. The SDO OK *sa* DepEd TWG shall ensure that schools under their respective jurisdictions are properly oriented and onboarded about these school health services. As an output, the SDOs shall endeavor to come up with implementation plans based on time and motion analysis, ensuring alignment with targets and timelines along with the assessment of capacities and available resources.

4. **Monitoring and reporting.** All involved shall ensure the effective monitoring and documentation of all activities utilizing the forms and report templates provided. SDOs are encouraged to document the best practices, observe implementation challenges and gaps, and monitor progress to effectively inform continuous improvement of the initiatives. Submission of reports related to the assessment shall be subject to the omnibus guidelines on reporting of school health data and activities for fiscal year 2026 to be issued separately. All information collected, processed, and shared shall be handled with strict confidentiality, and in accordance with the provisions of **Republic Act No. 10173**, otherwise known as the "*Data Privacy Act of 2012*," its Implementing Rules and Regulations, as well as relevant policies and DepEd Issuances.