



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

DIVISION MEMORANDUM

To : All Elementary School Heads
Elem. School Property Custodians
Elem. Clinic Teachers

From : The Office of Schools Division Superintendent

Subject : Submission of Distribution Lists for the Dental Hygiene Kits
and SDHCP Reports

Date : April 5, 2021

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This Office reminds all Elementary Schools to submit the following School Dental Health Care Program (SDHCP) Reports in the prescribed format, on or before April 15, 2021, to wit:

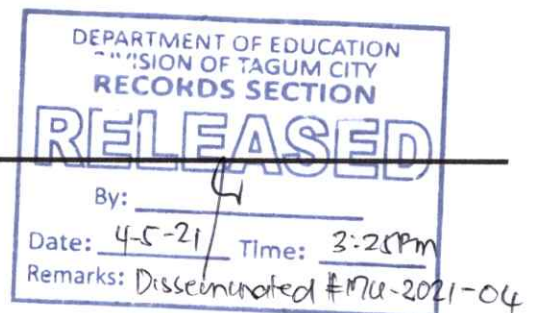
1. Scanned copy of the Distribution List of Dental Hygiene Kits issued to all elementary learners, with pictures showing the parents/learners receiving them;
2. Delivery Report (SDHCP Form 1.B); and
3. Distribution and Acceptance Report (SDHCP Form 2.B).

Please see attached SDHCP Report Form templates as reference.

Please submit in soft copy to Dr. Charelin G. Ragos at charelin.ragos@deped.gov.ph. For inquiries and clarifications, you may get in touch with Dr. Ragos thru her FB messenger account: Charelin Ragos.

For compliance.


DR. JOSEPHINE L. FADUL
Schools Division Superintendent



Address: Energy Park, Apokon, Tagum City, 8100
Telephone No.: (084) 216-3504
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Website: deped.tagumcity.gov.ph

SDHCP Form 1.B (Delivery Report)

Region: _____
 Schools Division Office: _____
 Name of School : _____
 School ID: _____
 Contact No: _____
 Date of Submission: _____

Number of K-3 Enrolment	Number of K-6 Enrolment	Beneficiary School Clinic (Y/N)	Number of Health Care Supplies delivered	Remarks	Number of Fluoride Varnish delivered	Remarks	Number of Medical Supplies delivered	Remarks	Number of Dental Supplies delivered	Remarks	Number of Dental Chairs delivered	Remarks

Prepared by:

Certified Correct:

Approved by:

SDHCP Focal Person/Clinic Teacher

School Property Custodian

School Head

SDHCP Form 2.B (Distribution and Acceptance Report)

Region: _____
 Schools Division Office: _____
 Name of School: _____
 School ID: _____
 Contact No: _____
 Date of Submission: _____

Number of K-3 Enrolment	Number of K-6 Enrolment	Beneficiary School Clinic (Y/N)	Number of Health Care Supplies distributed						Total/Remarks	
			Kinder	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5		Grade 6

Number of K-3 learners treated with Fluoride Varnish			Total/Remarks	Number of Medical Supplies received	Remarks	Number of Dental Supplies received	Remarks	Number of Dental Chairs installed	Remarks
Kinder	Grade 1	Grade 2	Grade 3						

Prepared by: _____ Certified Correct: _____ Approved by: _____
 SDHCP Focal Person/Clinic Teacher School Property Custodian School Head