



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region III-Central Luzon

D.M. Government Center, Maimpis, City of San Fernando, Pampanga

Email: region3@deped.gov.ph
Tel: (045) 455-2309 ✕ Fax: (045) 455-2312

DepED R. 03113
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Advisory

No. 49 s. 2017

To: Schools Division Superintendents

From: Regional Director

Subject: Phil-Health DepEd Survey


Date: February 8, 2017

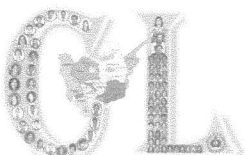
This is to inform all concerned that the Philippine Health Insurance Corporation – Regional Office 3 will conduct a region wide survey to all public pupils in both elementary and secondary levels. The survey aims to gather/collect data which are vital in formulating and enhancing health related policies and programs of PhilHealth specifically to Central Luzon populace.

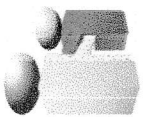
The survey forms will be distributed by PhilHealth respective focal person per Local Health Insurance Office (LHIO) per area of coverage to respective School Division Offices per province/city. The start date of distribution of survey forms will be on the 4th week of February 2017 while the *retrieval of accomplished survey forms will be on or before 4th week of March 2017 at the Division Office level too.*

Relevant to this matter, all DepEd officers, teaching and non-teaching personnel are enjoined to extend the utmost assistance to PhilHealth in conducting the said activity through distribution of the survey forms/tools and collecting the same from the pupils. This joint endeavor between PhilHealth and DepEd will have a great impact to our both clientele, specifically to health and education programs.

Attached herein are the Survey Forms and the lists of PhilHealth partners per branch and per (LHIO) of the 7 provinces, for reference and information.


MALCOLM S. GARMA, CESO V
Director III
Officer-In-Charge
Office of the Regional Director





PHILHEALTH-DEP ED SURVEY FORM



School: _____

Name of Student: _____
Grade/Section: _____
Complete Address: _____
Cellphone No/s: _____

Gabay: Isulat ng malinaw ang mga pangalan at birthday ng kapamilya sa kahon at i-check ang tamang sagot gamit ang ballpen.

1. Mga Magulang

	Last Name	First Name	Middle Name	Birthday	May PhilHealth?
Tatay					<input type="checkbox"/> OO <input type="checkbox"/> Hindi
Nanay					<input type="checkbox"/> OO <input type="checkbox"/> Hindi

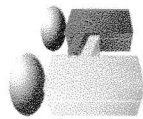
2. Mga Kapatid

Last Name	First Name	Middle Name	Birthday

Pinapatunayan ko na ang lahat ng impormasyong isinulat ko ay tama sa abot ng aking kaalaman. Pinapahintulutan ko din ang PhilHealth na gamitin ang nasabing impormasyon sa anumang kailangang transaksyon patungkol sa aking record.

Pangalan at Lagda ng Magulang _____

Date _____



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Date _____