



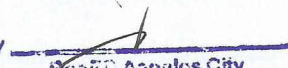
Department of Education  
Region III  
**DIVISION OF CITY SCHOOLS**  
Angeles City



Jesus Street, Pulungbulu, Angeles City  
Tel. No. (045) 322-5722; 888-0582; 322-4702 / Fax Nos. (045) 887-6099

**RELEASED**

FEB 15 2017

By   
Leilani S. Cunanan, Angeles City  
Division Office of Schools

**DIVISION MEMORANDUM**

No. JK, s. 2017

To: All School Principals and Heads of Public Elementary and Secondary Schools

From: Office of the OIC- Schools Division Superintendent

Subject: Phil-Health DepEd Survey

Date: February 15, 2017

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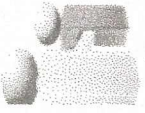
This is to inform all concerned that the Philippine Health Insurance Corporation Regional Office 3 will conduct a region wide survey to all public pupils in both elementary and secondary levels. The survey aims to gather/collect data which are vital in formulating and enhancing health policies and programs 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 Office per province/city. Retrieval of the accomplished survey forms will be on or before 2<sup>nd</sup> week of March 2017 and are to be submitted at the Division Office.

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 endeavour between PhilHealth and DepEd will have a great impact to our both clienteles, specifically to health and education programs.

Attached herein are the Survey Forms for your reference and information.

  
**LEILANI S. CUNANAN, CESO VI**  
OIC- SCHOOLS DIVISION SUPERINTENDENT



# 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

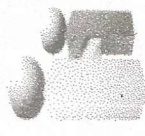
## 2. Mga Kapatid

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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