



SEP 07 2007

DepED MEMORANDUM  
No. **363**, s. 2007

MIDTERM REVIEW OF THE 2007 EXPANDED UNIVERSAL MEDICAL  
AND DENTAL CHECK UP (E-UMDC) IMPLEMENTATION

To: Regional Directors  
Schools Division/City Superintendents

1. A Midterm Review of E-UMDC Implementation will be conducted at the DAP Conference Center in Tagaytay City by the School Health and Nutrition Center (SHNC) and the Adopt-A-School Program (ASP) Secretariat.
2. The participants to this activity are all Regional and Division ASP Coordinators and regional and division health and nutrition unit/section heads. Below is the schedule:

Date	Region/Division Participants	Date of Check-in	Date of Check-Out
September 10 Monday	Regions VI, VII, VIII, IX, X, XI, XII, CARAGA, and ARMM	September 9, Sunday 2:00 PM	September 11, Tuesday 12:00 Noon
September 12 Wednesday	Regions I, II, III, IV-A, IV-B, V, NCR, and CAR	September 11 Tuesday 2:00 PM	September 13 Thursday 12:00 Noon

3. The objectives of this activity are as follows:
  - a. appraise the status of implementation of E-UMDC at the division and regional levels;
  - b. revisit E-UMDC work plans and targets;
  - c. map out subsequent activities for strategies to achieve targets; and
  - d. discuss the mechanics for the 2007 Search for Outstanding E-UMDC Implementers.
4. In line with this, all participants are requested to bring the following documents during the workshop:
  - a. Completed E-UMDC Regional and Division Monitoring Forms for the months of June to August 2007
  - b. Status of E-UMDC implementation in each school

- List of partners and volunteers that participated in the E-UMDC
  - Summary of findings or common ailments and diagnosis
- c. E-UMDC 2007 Work Plan
- d. Issues and concerns
- e. List of schools (elementary and secondary) and current enrolment (SY 2007)

5. Please note that all divisions are expected to make a 5-minute presentation on the status of E-UMDC implementation in their respective divisions. Hence, all participants are enjoined to prepare their presentation following the format enclosed to this Memorandum. Electronic and printed copies of presentations/reports will be submitted to the workshop secretariat.

6. Actual transportation expenses of regional and division personnel will be charged to local funds while meals and accommodation will be shouldered by SHNC.

7. For inquiries and more details, please contact the Adopt-A-School Program Secretariat at (02) 638-8639 and/or the School Health and Nutrition Center at (02) 633-7245.

8. Immediate dissemination of this Memorandum is desired.

*R. C. Bacani*  
RAMON C. BACANI  
Undersecretary

Encl.: As stated

Reference: None

Allotment: 1—(D.O. 50-97)

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

~~/~~CONFERENCES  
~~/~~HEALTH EDUCATION



**ADOPT-A-SCHOOL PROGRAM**  
**Department of Education**

**E-UMDC STATUS REPORT**

Region/Division:	Period Covered:
ASP Coordinator:	Designation:
Office Address:	
Office Telephone Number:	Mobile Number:
Fax Number:	Email Address:
Number of Schools in the Division: Elementary: Secondary:	

**A. SUMMARY OF SCHOOLS AND BENEFICIARIES COVERED**

Table 1. Number of students and school personnel covered by E-UMDC (by DepED and Volunteers)

Grade / Year Level	Division Total Population/ Enrollment	Actual Number Examined	Actual Number Needing Interventions	Actual Number that received Interventions
Preschool				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
<b>Total: Elementary</b>				
Year 1				
Year 2				
Year 3				
Year 4				
<b>Total: High School</b>				
Grand Total: ES and HS				
<b>School Personnel</b>				

Table 2. Number of Schools Covered

	Total Number of Schools	Indicate actual number of schools based on status of implementation		
		Started	Ongoing	Completed
Elementary Schools				
High Schools				
Total				

**B. SUMMARY OF VOLUNTEER SERVICES (as of August 31, 2007)**

Table 3. Number of Partners Involved (for Medical Doctors and Dentists)

Name of Organization	Number of Volunteers Involved	Number of Schools Served	Number of Pupils		Number of School Personnel/ Teachers	
			Examined	Given Intervention	Examined	Given Intervention

**TYPES OF INTERVENTIONS GIVEN**

*(Enumerate and describe below the different interventions given by doctor-volunteers)*

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Table 4. Summary of Partner Involvement (For nurses and other health practitioners)

Name of Organization	Number of Volunteers	Number of Schools Served	Nature of Services Rendered	Total No. of Days of Volunteer Services

Table 5. Summary of Partner Involvement (For LGUs and other partners)

Office / Agency	Number of Volunteers Involved	Number of Schools Served	Nature of Services Rendered	Total No. of Days of Volunteer Services

Table 6. Summary of Donations (Medical and Dental Supplies) Generated

Type of Donation	Estimated Cost	Quantity	Donor	School Beneficiary

**C. ISSUES AND CONCERNS**

**FACILITATING FACTORS**

*(Discuss major outstanding factors that contributed to the successful conduct implementation.)*

**HINDERING FACTORS**

*(Discuss major factors that caused delay or impeded implementation.)*

[Empty box for Hinderling Factors]

**LESSONS LEARNED**

*(Cite important lessons learned in the course of implementation of E-UMDC.)*

[Empty box for Lessons Learned]

**RECOMMENDATIONS / ASSISTANCE NEEDED**

[Empty box for Recommendations / Assistance Needed]

**Prepared by:**

\_\_\_\_\_  
**ASP Coordinator**

\_\_\_\_\_  
**School Health Personnel**

\_\_\_\_\_  
**Date**