





Republic of the Philippines
Department of Education
REGION IX
SCHOOLS DIVISION OF DAPITAN CITY

No. 44 s. 2022

TO : OIC, Assistant Schools Division Superintendent
Chief Education Supervisors, CID & SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
School Health Personnel
School COVID-19 Focal Persons
This Division

FROM : 
FELIX ROMY A. TRIAMBULO, CESO V
Schools Division Superintendent 

SUBJECT: UPDATED COVID-19 REPORTING PROCESS

DATE : JANUARY 27, 2022

Pursuant DepEd OUA Memo. No. 00-0122-0028 from Undersecretary ALAIN DEL B. PASCUA dated January 6, 2021 titled **Updated COVID-19 Reporting Process**. The Bureau of Learners Support Services -School Health Division (BLSSD-SHD) and the Information and Communication Technology Service (ICTS), issues these updated guidelines on the COVID-19 Reporting Procedure for the Department of Education.

COVID-19 REPORTING PROCEDURE:

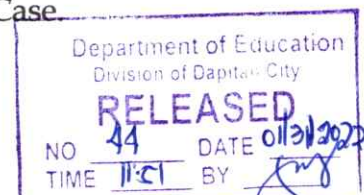
1. **Individual Case Reporting Form (Annex A)** shall be completely filled-up by school/office personnel or learners via their respective guardians.
2. **School COVID-19 Focal Persons** shall submit the Individual Case Reporting Form to the Designated Division Focal Person for encoding.
3. Encoded cases shall be updated as necessary. Personnel or learners shall contact their respective COVID-19 Persons for status and vice versa.

In this regard, all School Heads and Designated School COVID-19 Focal Person to submit accomplished Official Report on COVID-19 Confirmed Case to the Division COVID - 19 Focal Person.

Attached is the template of Official Report on Confirmed Case

For your information and strict compliance.

SGOD - SHN - 003 -S - 2022



Address: Sunset Boulevard, Dawo, Dapitan City
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Annex A

**OFFICIAL REPORT ON CONFIRMED CASE
Individual Case Reporting Form**

Date of Reporting	
Complete Name	
CURRENT STATUS (Stable, Critical, Negative on Repeat Test, Deceased)	
CURRENT LOCATION (Home, Hospital, Quarantine Facility)	
School/SDO/RO	
Designation	
Age	
Sex	
Place of Residence	
Detailed Travel History or Itinerary for the Past 14 days Since Onset of Symptoms	
Possible Exposure to Confirmed Case (if known)	
Types and Dates of Onset of Symptoms (Enumerate all symptoms and respective dates when symptoms started to manifest/Chronological)	
Dates and Places of Consultation (Chronological)	
Date of Laboratory Test for COVID-19	
Date of Release of Result	
Result of Test	
Date(s) and Result(s) of Succeeding Tests (if available at time of reporting)	
Vaccination Status (Vaccinated/ Not Vaccinated)	
Brand and Date of First Vaccination	
Brand and Date of Second Vaccination	
Brand and Date of Booster Shot	
Other updates (e.g. coordination with LGU for contact tracing, other actions taken)	
Name and contact information of patient or family member	

Prepared by:

Verified by: