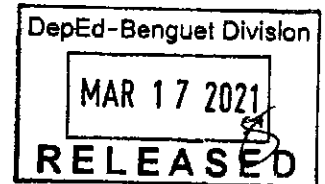




Republic of the Philippines
Department of Education
Schools Division of Benguet



March 11, 2021

DIVISION MEMORANDUM

No. 26, s. 2021

**TO: All PSDS and CP
School Heads all Districts
All Concerned**

Use of ORAL HEALTH ASSESSMENT SURVEY FORM as a tool to determine the Oral Health Needs of Learners, Teaching and Non-Teaching Personnel this Pandemic

1. The Oral Health Assessment Survey Tool aims to Provide a sound basis of assessing the current oral health status of our Benguet Learners, Teaching and Non-Teaching Personnel these pandemic wherein face to face Contact is limited.
2. The Oral Health Assessment Tool will be distributed with the Learning Modules.
3. Retrieval and Collation of the results shall be done by the School Health Personnel in the District and be submitted at the SDO- School health personnel Section.
4. The result shall be the basis of the School Dentists to visit the Schools/Districts.
5. Attached is the Oral Health Assessment Survey Form.
6. For inquiries and clarifications, please contact Joane S. Bumanghat, DMD-09091657891, Marcelino L. Samonte, DMD-09490940592, Abraham T. Ulep, DMD-091292261530.
7. Immediate dissemination and guidance with this Memorandum is desired.

GLORIA B. BUYA-AO
Schools Division Superintendent

Encl.: As stated

SGOD/SHS/jsb



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Republic of the Philippines
 Department of Education
 SCHOOLS DIVISION OF BENGUET
 ORAL HEALTH ASSESSMENT SURVEY FORM



Name of Pupil/ Learner: _____ Sex: _____ Age: _____
 School: _____ District: _____ Grade: _____

Please answer the following questions.

- Does your child suffer from toothache (*sakit ti ngipen*).
 YES NO
- Does the pain cause sleep deprivation (*haan nga makaturog*) or loss of appetite (*awan ganas nga mangan*)?
 YES NO
- Are there any facial swelling (*limteg*) / abcess (*nana*)?
 YES NO
- Does your child regularly brush teeth (*Inaldaw kadi nga aglinis ti ngipen*)?
 YES NO
- From 1-5, 5 being the highest. Rate your childs' oral health.
- Are you willing to have your child undergo treatment such as filling (*pasta*) , extraction (*bunot*) by the school dentist?
 YES NO

If YES, you may contact the following school dentists:

- Abraham C. Ulep: 09129261530; (Atok, Itogon 2, La Trinidad, Mankayan)
 Joane S. Bumanghat: 09091657891; (Bakun,Itogon 1, Kapangan, Kibungan, La Trinidad, Tublay)
 Marcelino L. Samonte: 09490940592; (Bokod, Buguias, Kabayan, Sablan, Tuba)

 Signature of Parent/ Guardian over Printed name
 Contact No: _____



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