



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

DIVISION MEMORANDUM

No. 357, s. 2025

SEP 01 2025

DENTAL EXAMINATION OF ATHLETES

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary School Heads
All Others Concerned

1. This Office informs all concerned about the conduct of **Dental Examination of all Elementary Learners who will join the Provincial Meet.**
2. The schedule of Dental Examination is as follows:

Date	District	Venue
September 2, 2025	Abucay District	TPMES
September 3, 2025	Bagac District	Bagac ES
September 4, 2025	Dinalupihan District	Dinalupihan ES
September 5, 2025	Samal District	Samal North ES
September 9, 2025	Hermosa District	Hermosa ES
September 10, 2025	Orani District	Orani North ES
September 11, 2025	Limay District	Limay ES
September 16, 2025	Mariveles District	AGLES (am) Cabcaban ES (pm)
September 17, 2025	Pilar District	Pilar ES
September 18, 2025	Orion District	Arellano ES
September 23, 2025	Morong District	Morong ES

3. Kindly advise all the coaches to attach the Birth Certificate of the athletes in the Dental Form.
4. Attached herewith is a copy of the Dental Form.
5. Immediate dissemination of this Memorandum is enjoined.

Encl. as stated
Reference: as stated
To be indicated in the Perpetual Index
Under the following subjects
School Dental Health Care Program

SO9/WJDS
August 28, 2025

CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent



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"We mould heroes"





System

Division

DENTAL HEALTH RECORD

Latest 1½ x 1½ picture

Name: _____

Age: _____ Sex: _____ Birth Date: _____

Event:

Parent/Guardian: _____

CONDITION AND TREATMENT NEEDS

CONDITION RIGHT

TEMPORARY TEETH

PERMANENT TEETH

CONDITION LEFT

TREATMENT NEEDS

YEAR LEVEL								REMARKS
DATE								
EXAMINATION								
SEALANT (GI)								
PERMANENT FILLING								
ART								
EXTRACTION								
ORAL PROPHYLAXIS								
REFERRAL								
OTHER ORAL								
TREATMENT								

SYMBOLS FOR MOUTH EXAMINATION

X - TOOTH INDICATED
FOR EXTRACTION
F - TOOTH INDICATED
FOR FILLING
HEAVY SHADE - TOOTH WITH TEMPORARY
FILLING
RC - RECURRENT CARIES
RF - ROOT FRAGMENT
M - MISSING TOOTH

DU - DECUBITAL ULCER
MAL - MALOCCLUSION
FLU - FLUOROSIS
Gn - NORMAL
Gm - MODERATE GINGIVITIS
(1-2 QUADRANTS)
Gs - SEVERE GINGIVITIS
(3-4 QUADRANTS)
CMR - COMPLETE MOUTH REHAB
(v) - SOUND ERUPTED PERMANENT
TOOTH

SYMBOLS FOR ACCOMPLISHMENT

XT - EXTRACTED PERMANENT TOOTH
xt - EXTRACTED TEMPORARY TOOTH
Am - AMALGAM FILLING
Com - COMPOSITE FILLING

ARTIFICIAL RESTORATION

JC - JACKET CROWN
I - INLAY
OP - ORAL PROPHYLAXIS
ZOE - ZINC OXIDE EUGENOL FILLING
TF - TEMPORARY FILLING
R - REFERRED TO PRIVATE DENTIST
UN - UNERUPTED TOOTH

District Meet		Remarks/Findings:				REFERRED FOR DENTAL TREATMENT:	
DENTIST		WITH THIRD MOLAR:					
(signature over printed name)		YES		NO		YES	
PRC: LICENSE:		PTR#		Date Examined:		QUALIFIED TO PARTICIPATE:	
Division Meet		Remarks/Findings:				REFERRED FOR DENTAL TREATMENT:	
DENTIST		WITH THIRD MOLAR:					
(signature over printed name)		YES		NO		YES	
PRC: LICENSE:		PTR#		Date Examined:		QUALIFIED TO PARTICIPATE:	
Regional Meet		Remarks/Findings:				REFERRED FOR DENTAL TREATMENT:	
DENTIST		WITH THIRD MOLAR:					
(signature over printed name)		YES		NO		YES	
PRC: LICENSE:		PTR#		Date Examined:		QUALIFIED TO PARTICIPATE:	
Palarong Pambansa		Remarks/Findings:				REFERRED FOR DENTAL TREATMENT:	
DENTIST		WITH THIRD MOLAR:					
(signature over printed name)		YES		NO		YES	
PRC: LICENSE:		PTR#		Date Examined:		QUALIFIED TO PARTICIPATE:	

FOR SCHOOL SPORTS (Lower Meet up to Palarong Pambansa)

Signature: *[Signature]* Date: *[Date]*