Republic of the Philippines
Department of Education
Region V-Bicol
SCHOOLS DIVISION OFFICE OF LIGAO CITY

21926136

MEMORANDUM

TO: Asst. Schools Division Superintendent
Chief Education Supervisors (CID and SGOD)
All Public Elementary and Secondary School Heads
All SDO Unit/Section Heads
All Others Concerned

FROM: **NYMPHA D. GUEMO**
Schools Division Superintendent

SUBJECT: **CONDUCT OF ANNUAL PHYSICAL EXAMINATION FOR EMPLOYEES WHO AVAILED THE GROUP OR AGENCY-PROCURED HMO**

DATE: February 19, 2026

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1. The IMS Wellth Care, Inc., the HMO service provider of SDO Ligao City for the agency procured HMO is setting the schedule for the Annual Physical Examination of its members. In this regard, this Office hereby requests the 1,127 teaching and non-teaching personnel who availed the group HMO to select their schedule and venue for the said physical examination.

2. Below is the list of accredited clinics in Albay which they can choose from:

   a. MMG Ligao
   b. MMG Polangui
   c. MMG Tabaco
   d. MMG Legazpi

3. All school-based personnel who availed the HMO through agency procurement (group) are requested to select their schedule for the APE during the summer break from April to May 2026 while the SDO-based personnel may have their annual physical examination this March, 2026 to May, 2026.

4. Everyone is requested to accomplish the google form on or before February 23, 2026 via this link for the consolidation of the chosen schedules and venues: https://tinyurl.com/hfkj4fk8

5. For the information, guidance and compliance of all concerned.

Binatagan, Ligao City, 4504
ligao.city@deped.gov.ph
depedligaocity.net

Sample

DATA COLLECTION FOR THE CONDUCT OF THE ANNUAL PHYSICAL EXAMINATION OF PERSONNEL WHO AVAILED THE AGENCY-PROCURED (GROUP) HMO

SDO Ligao City and IMS Wellthcare Inc. respect and value your rights as a Data Subject under Data Privacy Act (DPA) and are committed
to protecting personal information that they collect, use and/or processe in accordance with the
requirements under the DPA and IRR. For this purpose, SDO Ligao City and IMS Wellthcare Inc. implement reasonable and appropriate
security measures to maintain the confidentiality, integrity and availability of such personal information.

* Indicates required question

DATA PRIVACY CONSENT FORM

I hereby authorize **SDO Ligao City and IMS Wellthcare, Inc.** and its partner clinics or hospitals to collect, process, store, and share my personal information, which may include my name, contact details, and other sensitive personal data, for the conduct of the Annual Physical Examination.

I understand that my information will be handled securely in accordance with the Data Privacy Act of 2012. I am aware that I have the right to withdraw my consent, access my personal data, and request corrections.

I can confirm that I have read, understood and agreed to the terms and conditions * outlined above.

☐ Yes

Next

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DATA COLLECTION FOR THE CONDUCT OF THE ANNUAL PHYSICAL EXAMINATION OF PERSONNEL WHO AVAILED THE AGENCY-PROCURED (GROUP) HMO

* Indicates required question

DATA COLLECTION FORM

Name (Surname, First Name, Middle Initial) *

Your answer

This is a required question

DepED email address *

Your answer

This is a required question

Your answer

Complete name of school/office *

Your answer

This is a required question

Position title *

Your answer

Please select category of your work station *

- ○ Kindergarten
- ○ Elementary
- ○ Secondary
- ○ ALS
- ◉ SDO-based

Sex *

- ○ Male
- ◉ Female

Your answer

This is a required question

Please select the name of clinic you choose to have your Annual Physical Examination (APE) *

- ○ MMG Ligao
- ○ MMG Polangui
- ○ MMG Tabaco
- ◉ MMG Legazpi

Please select the month you wish to have your APE (for school-based personnel only) *

- ○ April, 2026
- ◉ May, 2026

Please select the month you wish to have your APE (for SDO-based personnel only) *

- ○ March, 2026
- ○ April, 2026
- ◉ May, 2026

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