



Republic of the Philippines
Department of Education
DIGOS CITY DIVISION

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

SGOD-2023- 5970

To : REX C. SAYSON – MT I, Dulangan Elementary School
JAYSON ABELLON – MT II, Aplaya Elementary School
REHUEL T. FABILLAR, MT III, Digos City National High School
ANNIE BELEN ABANGAN, MT II, Digos City National High School

Subject : PARTICIPATION IN THE ACCREDITATION OF TECHNICAL
OFFICIALS

Date : December 14, 2023

In reference to Memorandum OUOPS No. 2023-02-11071 from Atty. Revsee A. Escobedo, Undersecretary for Operations and Regional Memorandum ESSD-2023-523 dated December 13, 2023, the personnel mentioned above are hereby directed to participate in the **Accreditation of Technical Officials for Cluster 4 on December 27-30, 2023 and for Cluster 3 scheduled on January 30 – February 2, 2024 to be held in Iloilo City.**

As per DepEd Order No. 53, s. 2003 or the Updated Guidelines on Grant of Vacation Service Credits to Teachers, the participants who shall have their training during holidays, Saturday and Sunday shall be eligible for the grant of Service Credits for Teachers and Compensatory Overtime Credits (COG) for non-teaching personnel.

The teacher-participant shall adhere to the policy on "No Disruption of Classes" as per DepEd Order No. 9, s. 2005 entitled "Institutionalizing Measures to Increase Engaged Time-on-task and Ensuring Compliance Therewith". School heads are expected to make necessary arrangements ensuring that classes handled by teachers will be taken cared of by other teacher.

Meals and accommodation shall be charged against the 2023 (continuing) Physical Fitness and School Sports (PFSS) funds while travel expenses shall be charged against division/local/school MOOE, all subject to the usual government accounting and auditing rules and regulations.

Other details of the above information are in the enclosures.

For information, guidance, and compliance

For and in the absence of the
OIC- Schools Division Superintendent:

FRANCIS JUDE D. ALCOMENDRAS, JD, MPA
Administrative Officer V
Officer-In-Charge

DepEd Schools Division of Digos City
RECORDS SECTION
29-1129468
DATE: DEC 14 2023 TIME: 9:00 AM
BY:

Enclosed: As stated.
SGOD/rom



Address: Roxas cor. Lopez Jaena Street, Zone II, Digos City (8002)
Telephone Nos.: (082) 553-8375; (082) 553-8396



Republic of the Philippines
Department of Education
DAVAO REGION

Office of the Regional Director

REGIONAL MEMORANDUM
ESSD-2023-523

To : Schools Division Superintendents

Subject: PARTICIPANTS TO THE ACCREDITATION OF TECHNICAL OFFICIALS

Date : December 13, 2023

Pursuant to Memorandum OUOPS No. 2023-02-11071 from Atty. Revsee A. Escobedo, Undersecretary for Operations, herewith is the recommended **List of Technical Officials** to participate in the **Accreditation of Technical Officials** for **Cluster 3 scheduled on January 30 – February 2, 2024**, and **Cluster 4 on December 27-30, 2023** to be held in Iloilo City.

Enclosed is the Memorandum for the details.

Immediate dissemination of this memorandum to all concerned is required.

Enclosed: As stated.
ROE2/ajm

ALLAN G. FARNAZO
Director IV
By the Authority of the Regional Director

REBONFAMIL R. BAGUIO
Director III
3 DEC 2023



Address: F. Torres St., Davao City (8000)
Telephone Nos.: (082) 291-1665; (082) 221-6147

ISO 9001:2015 - Certified

LIST OF PARTICIPANTS (CLUSTER 4)			
ACCREDITATION OF TECHNICAL OFFICIALS			
Region XI			
Sports Event	Name of TOs	Division	Served in the Regional Meet
Baseball	1. JUMAR IAN L. TEVES	DAVAO DE ORO	YES & 2023 PALARO
	2 MYTSHYL A. CAMPUGAN	DAVAO CITY	YES
	3 Julius D. Pastrana	DAVAO ORIENTAL	YES & 2023 PALARO
Boxing	1 FRANZ FERDINAND LINTUAN	DAVAO CITY	YES
	2 CEDRIC TOLOY	MATI CITY	YES
	3 ALCOS, JOHNIE REY	DAVAO DE ORO	YES
Chess	1 MARK ANTHONY JANDAYAN	IGACOS	YES
	2 ARIEL NINO D. ATON	DAVAO CITY	YES
	3 RUFINO YLANAN	DAVAO ORIENTAL	YES
Football	1. BRYAN S. BENEGIAN	DAVAO DEL NORTE	YES
	2 EMMANUELITO LOPEZ	TAGUM CITY	YES
	3 LLOYD ALLAN SASUMAN	DAVAO DEL SUR	YES
Gymnastics (Aero G)	1. MARIA JADE L. JABON	TAGUM CITY	YES
	2 EL CHRISTIAN MILLAN	DAVAO OCCIDENTAL	YES
	3 JAYSON ABELLON	DIGOS CITY	YES
Gymnastics (WAG)	1. Gladys N. Chatto	DAVAO DEL NORTE	YES
	2 RAMELYN MABRAS	DAVAO DE ORO	YES
	3 PRIMITIVA LUMEN	DAVAO DEL SUR	YES
Paragames (Bocce & Goalball)	1. LIEZL FORMILLEZA	DAVAO DE ORO	YES
	2 ROWEL APELIANES	PANABO CITY	YES
	3 ANDREW PAUL SALVO	DAVAO CITY	YES
Pencak Silat	1. SANDEE A. RATO	DAVAO DE ORO	YES
	2 EDNA RIVERA	DAVAO CITY	YES
	3 MARVIN C. AGBAY	DAVAO ORIENTAL	YES
Sepak Takraw	1. AQUILINO M. SERENO JR.	DAVAO OCCIDENTAL	YES
	2. RUEL E. VIOLAN	TAGUM CITY	YES
	3. JOHN EXPE D. SATINITIGAN	MATI CITY	YES
Swimming	1. ROSS CHITO G. PALO	TAGUM CITY	YES
	2. EDGAR ALLAN BANTIGUE	DAVAO CITY	YES
	3 ADMER DEL VALLE	DAVAO ORIENTAL	YES
Table Tennis	1. JEREMY G. SIMBULAS	DAVAO CITY	YES
	2. REX C. SAYSON	DIGOS CITY	YES
	3 JENWARD D. SARADPON	IGACOS	YES
Taekwondo	1. JOESHER MONDEJAR	DAVAO DEL SUR	YES
	2. MICHAEL R. ANAGAP	PANABO CITY	YES
	3. JOSETTE ASILO	DAVAO DE ORO	YES
Volleyball	1. MICHAEL SOL S. BINGHAY	DAVAO CITY	YES
	2. REGGIE D. EUGENIO	TAGUM CITY	YES
	3. PAOLO R. VIERNES	DAVAO CITY	YES
Wrestling	1. CYRUS BARCENA	PANABO CITY	YES
	2 EDWIN D. REMORERAS	DAVAO DE ORO	YES
	3 SRHRODER ELESIO	MATI CITY	YES

The abovelisted personnel are certified to have served in the Palarong Pambansa regional and/or national level and met all other requirements necessary for the Accreditation.

Recommended by:


ALIM J. MAGUINDANAO
Regional Sports Officer

Approved:

ALLAN G. FARNAZO
Director IV

By the Authority of the Regional Director


REBONFAMIL R. BAGUIO
Director III 13 DEC 2023

LIST OF PARTICIPANTS (CLUSTER 3)			
ACCREDITATION OF TECHNICAL OFFICIALS			
Region XI			
Sports Event	Name of TOs	Division	Served in the Regional Meet
Archery	1 SHELLA MAY L. DANDAN	DAVAO DE ORO	YES
	2 Randy Alonzo	Davao City	YES
	3 NAPOLEON L. DAWAL JR.	PANABO CITY	YES
Arnis	ANNIE BELEN ABANGAN	DIGOS CITY	YES
	MICHAEL IBAG	DAVAO CITY	YES
	ANNIE ROSE NUCOS	MATI CITY	YES
Athletics	EDWARD C. PASCUA	DAVAO CITY	YES
	ANGELITO N. AMARO	DAVAO DEL SUR	YES & 2023 PALARO
	ARNEL LABASAN	DAVAO DEL NORTE	YES
Badminton	RICO DAVE LIBRANDO	DAVAO DEL SUR	YES & 2023 PALARO
	REHUEL T. FABILLAR	DIGOS CITY	YES
	MARCIANO CANILLAS	TAGUM CITY	YES
Basketball	RENANTE LIQUIT	DAVAO DE ORO	YES
	JAMES ALVARADO	DAVAO CITY	YES
	BRYAN ERNIE BORDAS	MATI CITY	YES
Billiards	MAY GISELLE D. GORNEZ	DAVAO CITY	YES
	AVELINO KAKILGAN	PANABO CITY	YES
	LARRY UCOL	DAVAO DEL NORTE	YES&3 times Palaro
Dancesports	JEAH CANOY	DAVAO CITY	YES
	FLORIBETH ZERUIAH JOSOL	PANABO CITY	YES
	LEAH C. CORTEZ	MATI CITY	YES
Futsal	CHRISTOPHER BENEGIAN	DAVAO DEL NORTE	YES
	ELBEN OCZON	PANABO CITY	YES
	EDWIN N. ESTAÑOL	DAVAO DE ORO	YES
Gymnastics (MAG)	ELMER CABIGAS	DAVAO CITY	YES
	GREGORIO CALIXTO	DAVAO DEL SUR	YES & 2023 PALARO
	RODERICK LUTANG	DAVAO OCCIDENTAL	YES
Gymnastics (RG)	FLORDELIZA F. ATILLO	DAVAO CITY	YES
	DELIA LOGRONIO	DAVAO ORIENTAL	YES
	CHERRY AMOR LUCENO	PANABO CITY	YES
Paragames (Athletics & Swimming)	JESSAMINE LAMELA	DAVAO DEL NORTE	YES
	GLEN LEONA	DAVAO CITY	YES
	FAITH A. SALINAS	DAVAO DE ORO	YES
Softball	ROSEMARIE L. CAFE	DAVAO DE ORO	YES
	MARICEL M. JAMERO	DAVAO ORIENTAL	YES
	MERVIN JUSTIN MALIJAN	DAVAO OCCIDENTAL	YES
Tennis	RAHYAN D. PUGOSA	DAVAO ORIENTAL	YES
	MARK SEAN QUINONES	MATI CITY	YES
	NATHANIEL C. BARROGA	TAGUM CITY	YES
Wushu	RODERICK C. GAMBONG	DAVAO CITY	YES
	JOASH DAYUCOS	DAVAO OCCIDENTAL	YES
	NLSON VERGARA	PANABO CITY	YES

The abovelisted personnel are certified to have served in the Palarong Pambansa regional and/or national level and met all other requirements necessary for the Accreditation.

Recommended by:


ALIM J. MAGUINDANAO
Regional Sports Officer

Approved:

ALLAN G. FARNAZO
Director IV

By the Authority of the Regional Director


REBONFAMIL R. BAGUIO
Director III 13 DEC 2023



Republic of the Philippines
Department of Education
OPERATIONS

OUOPS No. 2023-02-11071

MEMORANDUM

TO : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
REGIONAL AND DIVISION SPORTS OFFICERS
ALL OTHERS CONCERNED

FROM :  **ATTY. REVSEE A. ESCOBEDO**
Undersecretary for Operations
Officer-in-Charge, Office of the Assistant Secretary for Operations

SUBJECT: **Accreditation of Technical Officials**

DATE : 23 November 2023

In support to the Department of Education's (DepEd) thrust of promoting the quality of the *Palarong Pambansa* particularly the management and conduct of the competitions for the sports featured in the annual scholastic multi-sports spectacle, this Office, through the *Palarong Pambansa* Secretariat, shall conduct the clustered **Accreditation of Technical Officials** with the following details:

Cluster	Schedule	Venue	Participating Regions	Sports
1	Jan. 09 – 12, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & RG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
2	Jan. 23 – 26, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling



Ground Floor, Rizal Building, DepEd Complex, Meralco Avenue Pasig City 1600
Email: oure@deped.gov.ph; Website: www.deped.gov.ph
Tel. No.: (02) 8633-5313; (02) 8631-8492

3	Jan. 30 – Feb. 02, 2024	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & RG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
4	Dec. 27 – 30, 2023	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling

- The Accreditation aims to:
- a. Assess the knowledge, understanding, and fitness of the participating technical officials in officiating through the administration of written, practical, and physical fitness test;
 - b. Educate the participants about ethical considerations, professionalism, and the code of conduct they are expected to execute; and
 - c. Update the participants on the current trends and latest rule changes, technological advancements, and best practices in their respective sport.

Each region shall send **three (3) participants per sports** who shall meet the following requirements:

- a. Must be **52 years old and below**;
- b. Must have **served and officiated in the Palarong Pambansa**, at least in the **regional meet**; and
- c. Must be **physically fit** to perform the physical fitness tests.

The list of regional participants shall be sent, through the respective Regional Sports Officers (RSOs), using the enclosed template at email address palarong.pambansa@deped.gov.ph. Pregnant women and those unfit to undergo physical activities shall not be accommodated to the Accreditation

Participants shall present during registration their **approved Travel Authority** signed by the Regional Director and/or Schools Division Superintendent (SDS) and **Medical Certificate** (physically fit). Failure to present the said requirements will be grounds for non-accommodation to the activity.

Further, participants are requested to wear the appropriate sports attire and bring the necessary sports equipment to be used during the practical sessions of the Accreditation.

Participants are expected to arrive at and depart from the venue on the scheduled dates. Please take note of the schedule of the first and last meals per cluster, as follows:

Cluster	Arrival		Departure	
	Date/Time	First Meal	Date/Time	Last Meal
1	January 08, 2024 at 2:00 p.m.	Dinner	January 12, 2024 at 2:00 p.m.	PM Snacks
2	January 22, 2024 at 2:00 p.m.	Dinner	January 26, 2024 at 2:00 p.m.	PM Snacks
3	January 30, 2024 at 8:00 a.m.	Breakfast	February 02, 2024 at 2:00 p.m.	Dinner
4	December 27, 2023 at 8:00 a.m.	Breakfast	December 30, 2023 at 2:00 p.m.	Dinner

All participants are encouraged to attend and finish the Accreditation course, from Day 1 up to the last day, to be eligible to receive the Certificate of Accreditation.

All concerned are enjoined to authorize the attendance of their region’s respective participants to the Accreditation. However, the schools division offices, through the school heads, shall ensure that a substitute teacher will take over the classes in the absence of their respective teaching personnel who will participate in the Accreditation to prevent disruption of classes.

Moreover, participants shall be entitled to **service credits** pursuant to the provisions set under DepEd Order No. 53, s. 2003 entitled *Updated Guidelines on Grant of Vacation Service Credits to Teachers*.

Expenses relative to the conduct of the Accreditation of Technical Officials such as food and accommodation of the management staff, resource persons/accreditors, and participants shall be charged against the 2023 (Continuing) Physical Fitness and School Sports (PFSS) Funds. Travel expenses of the management staff and resource persons/accreditors are chargeable against the PFSS Funds while travel expenses of participants shall be charged against their respective local funds. All aforementioned expenses to be incurred are subject to the usual government accounting and auditing rules and regulations.

For more information, you may contact the **Palarong Pambansa Secretariat** at telephone number (02) 8687-4146 or through its official email address palarong.pambansa@deped.gov.ph.

Immediate and wide dissemination of this Memorandum is desired.



PALARONG PAMBANSA SECRETARIAT

LIST OF PARTICIPANTS (Cluster 4)

ACCREDITATION OF TECHNICAL OFFICIALS

REGION: _____		
Sport	Name of Participant	Division
Baseball	1. _____	_____
	2. _____	_____
	3. _____	_____
Boxing	1. _____	_____
	2. _____	_____
	3. _____	_____
Chess	1. _____	_____
	2. _____	_____
	3. _____	_____
Football	1. _____	_____
	2. _____	_____
	3. _____	_____
Gymnastics (Aerobic)	1. _____	_____
	2. _____	_____
	3. _____	_____
Gymnastics (Women's Artistic)	1. _____	_____
	2. _____	_____
	3. _____	_____
Paragames (Bocce & Goalball)	1. _____	_____
	2. _____	_____
	3. _____	_____
Pencak Silat	1. _____	_____
	2. _____	_____
	3. _____	_____
Sepak Takraw	1. _____	_____
	2. _____	_____
	3. _____	_____
Swimming	1. _____	_____
	2. _____	_____
	3. _____	_____

Table Tennis	1.	
	2.	
	3.	
Taekwondo	1.	
	2.	
	3.	
Volleyball	1.	
	2.	
	3.	
Wrestling	1.	
	2.	
	3.	

The abovelisted personnel are certified to have served in the *Palarong Pambansa* regional and/or national level and met all other requirements necessary for the Accreditation.

Recommended by:

Approved by:

Regional Sports Officer

Regional Director



PALARONG PAMBANSA SECRETARIAT

**INFORMED CONSENT FOR FITNESS TESTING
ACCREDITATION OF TECHNICAL OFFICIALS**

Name of Participant: _____

The purpose of the test is to evaluate your cardiorespiratory fitness to determine your readiness and physical capacity for performing your role as a sports officiating official while reducing your risk for injury.

The cardiorespiratory fitness test involves a submaximal test, either the Rockport walk test that requires brisk walking for one mile or 20-meter Multi-stage test that requires running a series of 20-meter shuttle runs with a starting speed of 8.5 km/hr. and increasing by 0.5 km/hr. in the next level. There are 23 levels, each lasting approximately 1 minute but a participant may withdraw/is asked to withdraw at any time if s/he can no longer keep up with the required pace.

I understand that I am responsible for monitoring my own condition throughout the tests. In the event unusual symptoms occur, I will cease my participation and inform the test administrator of my symptoms.

By signing this consent form, I confirm that I have read it in its entirety and that I understand the description of the test. I also affirm that my questions regarding the fitness test have been answered to my satisfaction. In the event that a medical clearance form signed by my physician is required, I agree to consult with my physician prior to participating in the fitness test.

Additionally, I agree to assume the risk of such testing and further agree to absolve from any liabilities the Department of Education and the *Palarong Pambansa* Secretariat, including its resource persons for conducting such testing from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the testing program.

Signature of Participant: _____

Date: _____

2023 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- | | | |
|-----|--|--|
| 1a. | Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) | YES ☐ NO ☐ |
| 1b. | Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? | YES ☐ NO ☐ |
| 1c. | Have you had steroid injections or taken steroid tablets regularly for more than 3 months? | YES ☐ NO ☐ |

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- | | | |
|-----|---|--|
| 2a. | Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? | YES ☐ NO ☐ |
| 2b. | Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? | YES ☐ NO ☐ |

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- | | | |
|-----|--|--|
| 3a. | Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) | YES ☐ NO ☐ |
| 3b. | Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) | YES ☐ NO ☐ |
| 3c. | Do you have chronic heart failure? | YES ☐ NO ☐ |
| 3d. | Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? | YES ☐ NO ☐ |

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- | | | |
|-----|--|--|
| 4a. | Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments) | YES ☐ NO ☐ |
| 4b. | Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer YES if you do not know your resting blood pressure) | YES ☐ NO ☐ |

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- | | | |
|-----|--|--|
| 5a. | Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? | YES ☐ NO ☐ |
| 5b. | Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. | YES ☐ NO ☐ |
| 5c. | Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet? | YES ☐ NO ☐ |
| 5d. | Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? | YES ☐ NO ☐ |
| 5e. | Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? | YES ☐ NO ☐ |

2023 PAR-Q+

6. **Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** ☐ go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. **Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** ☐ go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. **Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** ☐ go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. **Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** ☐ go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c

If **NO** ☐ read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐

10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2023 PAR-Q+



If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

- ▶ It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- ▶ You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- ▶ As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- ▶ If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.



If you answered YES to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.



Delay becoming more active if:

- ▶ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ▶ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ▶ Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation: background and overall process. *APNM* 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance. Consensus Document. *APNM* 36(S1):S266-S298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

2023 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐ ?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

 **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

Revsee



Republic of the Philippines
Department of Education
DAVAO REGION

Ed Schools Division of Division Office
RECORDS SECTION

DATE: 14 DEC 2023

BY: [Signature]

26416
113948
12:56

Office of the Regional Director

REGIONAL MEMORANDUM
ESSD-2023-523

To : Schools Division Superintendents

Subject: PARTICIPANTS TO THE ACCREDITATION OF TECHNICAL OFFICIALS

Date : December 13, 2023

Pursuant to Memorandum OUOPS No. 2023-02-11071 from Atty. Revsee A. Escobedo, Undersecretary for Operations, herewith is the recommended **List of Technical Officials** to participate in the **Accreditation of Technical Officials** for **Cluster 3** scheduled on **January 30 - February 2, 2024**, and **Cluster 4** on **December 27-30, 2023** to be held in Iloilo City.

Enclosed is the Memorandum for the details.

Immediate dissemination of this memorandum to all concerned is required.

Enclosed: As stated.
ROE2/ajm

ALLAN G. FARNAZO
Director IV
By the Authority of the Regional Director

DEPARTMENT OF EDUCATION ROXI
RECORDS SECTION
RELEASED

By: [Signature]
Date: Dec. 14, 2023
Time: 26416

REBONFAMIL R. BAGUIO
Director III
3 DEC 2023



Address: F. Torres St., Davao City (8000)
Telephone Nos.: (082) 291-1665; (082) 221-6147

ISO 9001:2015 - Certified

LIST OF PARTICIPANTS (CLUSTER 4)			
ACCREDITATION OF TECHNICAL OFFICIALS			
Region XI			
Sports Event	Name of TOs	Division	Served in the Regional Meet
Baseball	1. JUMAR IAN L. TEVES	DAVAO DE ORO	YES & 2023 PALARO
	2 MYTSHYL A. CAMPUGAN	DAVAO CITY	YES
	3 Julius D. Pastrana	DAVAO ORIENTAL	YES & 2023 PALARO
Boxing	1 FRANZ FERDINAND LINTUAN	DAVAO CITY	YES
	2 CEDRIC TOLOY	MATI CITY	YES
	3 ALCOS, JOHNIE REY	DAVAO DE ORO	YES
Chess	1 MARK ANTHONY JANDAYAN	IGACOS	YES
	2 ARIEL NINO D. ATON	DAVAO CITY	YES
	3 RUFINO YLANAN	DAVAO ORIENTAL	YES
Football	1. BRYAN S. BENEGIAN	DAVAO DEL NORTE	YES
	2 EMMANUELITO LOPEZ	TAGUM CITY	YES
	3 LLOYD ALLAN SASUMAN	DAVAO DEL SUR	YES
Gymnastics (Aero G)	1. MARIA JADE L. JABON	TAGUM CITY	YES
	2 EL CHRISTIAN MILLAN	DAVAO OCCIDENTAL	YES
	3 JAYSON ABELLON	DIGOS CITY	YES
Gymnastics (WAG)	1. Gladys N. Chatto	DAVAO DEL NORTE	YES
	2 RAMELYN MABRAS	DAVAO DE ORO	YES
	3 PRIMITIVA LUMEN	DAVAO DEL SUR	YES
Paragames (Bocce & Goalball)	1. LIEZL FORMILLEZA	DAVAO DE ORO	YES
	2 ROWEL APELIANES	PANABO CITY	YES
	3 ANDREW PAUL SALVO	DAVAO CITY	YES
Pencak Silat	1. SANDEE A. RATO	DAVAO DE ORO	YES
	2 EDNA RIVERA	DAVAO CITY	YES
	3 MARVIN C. AGBAY	DAVAO ORIENTAL	YES
Sepak Takraw	1. AQUILINO M. SERENO JR.	DAVAO OCCIDENTAL	YES
	2. RUEL E. VIOLAN	TAGUM CITY	YES
	3. JOHN EXPE D. SATINITIGAN	MATI CITY	YES
Swimming	1. ROSS CHITO G. PALO	TAGUM CITY	YES
	2. EDGAR ALLAN BANTIGUE	DAVAO CITY	YES
	3 ADMER DEL VALLE	DAVAO ORIENTAL	YES
Table Tennis	1. JEREMY G. SIMBULAS	DAVAO CITY	YES
	2. REX C. SAYSON	DIGOS CITY	YES
	3 JENWARD D. SARADPON	IGACOS	YES
Taekwondo	1. JOESHER MONDEJAR	DAVAO DEL SUR	YES
	2. MICHAEL R. ANAGAP	PANABO CITY	YES
	3. JOSETTE ASILO	DAVAO DE ORO	YES
Volleyball	1. MICHAEL SOL S. BINGHAY	DAVAO CITY	YES
	2. REGGIE D. EUGENIO	TAGUM CITY	YES
	3. PAOLO R. VIERNES	DAVAO CITY	YES
Wrestling	1. CYRUS BARCENA	PANABO CITY	YES
	2 EDWIN D. REMORERAS	DAVAO DE ORO	YES
	3 SRHRODER ELESIO	MATI CITY	YES

The abovelisted personnel are certified to have served in the Palarong Pambansa regional and/or national level and met all other requirements necessary for the Accreditation.

Recommended by:


ALIM J. MAGUINDANAO
Regional Sports Officer

Approved:

ALLAN G. FARNAZO
Director IV

By the Authority of the Regional Director


REBONFAMIL R. BAGUIO
Director III 13 DEC 2023

LIST OF PARTICIPANTS (CLUSTER 3)			
ACCREDITATION OF TECHNICAL OFFICIALS			
Region XI			
Sports Event	Name of TOs	Division	Served in the Regional Meet
Archery	1 SHELLA MAY L. DANDAN	DAVAO DE ORO	YES
	2 Randy Alonzo	Davao City	YES
	3 NAPOLEON L. DAWAL JR.	PANABO CITY	YES
Arnis	ANNIE BELEN ABANGAN	DIGOS CITY	YES
	MICHAEL IBAG	DAVAO CITY	YES
	ANNIE ROSE NUCOS	MATI CITY	YES
Athletics	EDWARD C. PASCUA	DAVAO CITY	YES
	ANGELITO N. AMARO	DAVAO DEL SUR	YES & 2023 PALARO
	ARNEL LABASAN	DAVAO DEL NORTE	YES
Badminton	RICO DAVE LIBRANDO	DAVAO DEL SUR	YES & 2023 PALARO
	REHUEL T. FABILLAR	DIGOS CITY	YES
	MARCIANO CANILLAS	TAGUM CITY	YES
Basketball	RENANTE LIQUIT	DAVAO DE ORO	YES
	JAMES ALVARADO	DAVAO CITY	YES
	BRYAN ERNIE BORDAS	MATI CITY	YES
Billiards	MAY GISELLE D. GORNEZ	DAVAO CITY	YES
	AVELINO KAKILGAN	PANABO CITY	YES
	LARRY UCOL	DAVAO DEL NORTE	YES&3 times Palaro
Dancesports	JEAH CANOY	DAVAO CITY	YES
	FLORIBETH ZERUIAH JOSOL	PANABO CITY	YES
	LEAH C. CORTEZ	MATI CITY	YES
Futsal	CHRISTOPHER BENEGIAN	DAVAO DEL NORTE	YES
	ELBEN OCZON	PANABO CITY	YES
	EDWIN N. ESTAÑOL	DAVAO DE ORO	YES
Gymnastics (MAG)	ELMER CABIGAS	DAVAO CITY	YES
	GREGORIO CALIXTO	DAVAO DEL SUR	YES & 2023 PALARO
	RODERICK LUTANG	DAVAO OCCIDENTAL	YES
Gymnastics (RG)	FLORDELIZA F. ATILLO	DAVAO CITY	YES
	DELIA LOGRONIO	DAVAO ORIENTAL	YES
	CHERRY AMOR LUCENO	PANABO CITY	YES
Paragames (Athletics & Swimming)	JESSAMINE LAMELA	DAVAO DEL NORTE	YES
	GLEN LEONA	DAVAO CITY	YES
	FAITH A. SALINAS	DAVAO DE ORO	YES
Softball	ROSEMARIE L. CAFE	DAVAO DE ORO	YES
	MARICEL M. JAMERO	DAVAO ORIENTAL	YES
	MERVIN JUSTIN MALIJAN	DAVAO OCCIDENTAL	YES
Tennis	RAHYAN D. PUGOSA	DAVAO ORIENTAL	YES
	MARK SEAN QUINONES	MATI CITY	YES
	NATHANIEL C. BARROGA	TAGUM CITY	YES
Wushu	RODERICK C. GAMBONG	DAVAO CITY	YES
	JOASH DAYUCOS	DAVAO OCCIDENTAL	YES
	NLSON VERGARA	PANABO CITY	YES

The abovelisted personnel are certified to have served in the Palarong Pambansa regional and/or national level and met all other requirements necessary for the Accreditation.

Recommended by:


ALIM J. MAGUINDANAO
Regional Sports Officer

Approved:

ALLAN G. FARNAZO
Director IV

By the Authority of the Regional Director


REBONFAMIL R. BAGUIO
Director III 13 DEC 2023



Republic of the Philippines
Department of Education
OPERATIONS

RECEIVED

13 DEC 2023

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OUOPS No. 2023-02-1107

MEMORANDUM

TO : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
REGIONAL AND DIVISION SPORTS OFFICERS
ALL OTHERS CONCERNED

FROM : *[Signature]*
ATTY. REVSEE A. ESCOBEDO
Undersecretary for Operations
Officer-in-Charge, Office of the Assistant Secretary for Operations

SUBJECT: Accreditation of Technical Officials

DATE : 23 November 2023

In support to the Department of Education's (DepEd) thrust of promoting the quality of the *Palarong Pambansa* particularly the management and conduct of the competitions for the sports featured in the annual scholastic multi-sports spectacle, this Office, through the *Palarong Pambansa* Secretariat, shall conduct the clustered **Accreditation of Technical Officials** with the following details:

Cluster	Schedule	Venue	Participating Regions	Sports
1	Jan. 09 – 12, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & RG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
2	Jan. 23 – 26, 2024	Lingayen, Pangasinan	CAR, I, II, III, IV-A, IV-B, V, NCR	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling



Ground Floor, Rizal Building, DepEd Complex, Meralco Avenue Pasig City 1600
Email: oure@deped.gov.ph; Website: www.deped.gov.ph
Tel. No.: (02) 8633-5313; (02) 8631-8492

3	Jan. 30 – Feb. 02, 2024	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Archery, Arnis, Athletics, Badminton, Basketball, Billiards, Dancesport, Futsal, Gymnastics (MAG & RG), Paragames (Athletics & Swimming), Softball, Tennis, Wushu
4	Dec. 27 – 30, 2023	Iloilo City	VI, VII, VIII, IX, X, XI, XII, CARAGA, BARMM	Baseball, Boxing, Chess, Football, Gymnastics (AER & WAG), Paragames (Bocce & Goalball), Pencak Silat, Sepak Takraw, Swimming, Table Tennis, Taekwondo, Volleyball, Wrestling

- The Accreditation aims to:
- a. Assess the knowledge, understanding, and fitness of the participating technical officials in officiating through the administration of written, practical, and physical fitness test;
 - b. Educate the participants about ethical considerations, professionalism, and the code of conduct they are expected to execute; and
 - c. Update the participants on the current trends and latest rule changes, technological advancements, and best practices in their respective sport.

Each region shall send **three (3) participants per sports** who shall meet the following requirements:

- a. Must be **52 years old and below**;
- b. Must have **served and officiated in the Palarong Pambansa**, at least in the **regional meet**; and
- c. Must be **physically fit** to perform the physical fitness tests.

The list of regional participants shall be sent, through the respective Regional Sports Officers (RSOs), using the enclosed template at email address palarong.pambansa@deped.gov.ph. Pregnant women and those unfit to undergo physical activities shall not be accommodated to the Accreditation

Participants shall present during registration their **approved Travel Authority** signed by the Regional Director and/or Schools Division Superintendent (SDS) and **Medical Certificate** (physically fit). Failure to present the said requirements will be grounds for non-accommodation to the activity.

Further, participants are requested to wear the appropriate sports attire and bring the necessary sports equipment to be used during the practical sessions of the Accreditation.

Participants are expected to arrive at and depart from the venue on the scheduled dates. Please take note of the schedule of the first and last meals per cluster, as follows:

Cluster	Arrival		Departure	
	Date/Time	First Meal	Date/Time	Last Meal
1	January 08, 2024 at 2:00 p.m.	Dinner	January 12, 2024 at 2:00 p.m.	PM Snacks
2	January 22, 2024 at 2:00 p.m.	Dinner	January 26, 2024 at 2:00 p.m.	PM Snacks
3	January 30, 2024 at 8:00 a.m.	Breakfast	February 02, 2024 at 2:00 p.m.	Dinner
4	December 27, 2023 at 8:00 a.m.	Breakfast	December 30, 2023 at 2:00 p.m.	Dinner

All participants are encouraged to attend and finish the Accreditation course, from Day 1 up to the last day, to be eligible to receive the Certificate of Accreditation.

All concerned are enjoined to authorize the attendance of their region's respective participants to the Accreditation. However, the schools division offices, through the school heads, shall ensure that a substitute teacher will take over the classes in the absence of their respective teaching personnel who will participate in the Accreditation to prevent disruption of classes.

Moreover, participants shall be entitled to **service credits** pursuant to the provisions set under DepEd Order No. 53, s. 2003 entitled *Updated Guidelines on Grant of Vacation Service Credits to Teachers*.

Expenses relative to the conduct of the Accreditation of Technical Officials such as food and accommodation of the management staff, resource persons/accreditors, and participants shall be charged against the 2023 (Continuing) Physical Fitness and School Sports (PFSS) Funds. Travel expenses of the management staff and resource persons/accreditors are chargeable against the PFSS Funds while travel expenses of participants shall be charged against their respective local funds. All aforementioned expenses to be incurred are subject to the usual government accounting and auditing rules and regulations.

For more information, you may contact the **Palarong Pambansa Secretariat** at telephone number (02) 8687-4146 or through its official email address palarong.pambansa@deped.gov.ph.

Immediate and wide dissemination of this Memorandum is desired.

2023 PAR-Q+

☒ If you answered **NO** to all of the **FOLLOW-UP** questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the **PARTICIPANT DECLARATION** below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

☐ If you answered **YES** to **one or more** of the **follow-up** questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- ☒ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ☒ You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ☒ Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com

Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

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- Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance: Consensus Document. *APMA* 36(5):526-6298, 2011.
- Chisholm DM, Collic ML, Kufak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
- Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

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2023 PAR-Q+

6. **Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome
If the above condition(s) is/are present, answer questions 6a-6b If **NO** ☐ go to question 7

- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES ☐ NO ☐

7. **Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure
If the above condition(s) is/are present, answer questions 7a-7d If **NO** ☐ go to question 8

- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES ☐ NO ☐
7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES ☐ NO ☐
7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES ☐ NO ☐

8. **Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia
If the above condition(s) is/are present, answer questions 8a-8c If **NO** ☐ go to question 9

- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES ☐ NO ☐
8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES ☐ NO ☐

9. **Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event
If the above condition(s) is/are present, answer questions 9a-9c If **NO** ☐ go to question 10

- 9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
9b. Do you have any impairment in walking or mobility? YES ☐ NO ☐
9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES ☐ NO ☐

10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**
If you have other medical conditions, answer questions 10a-10c If **NO** ☐ read the Page 4 recommendations

- 10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES ☐ NO ☐
10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES ☐ NO ☐
10c. Do you currently live with two or more medical conditions? YES ☐ NO ☐

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

**GO to Page 4 for recommendations about your current
medical condition(s) and sign the PARTICIPANT DECLARATION.**

2023 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** ☐ go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** ☐ go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** ☐ go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐
- 3c. Do you have chronic heart failure? YES ☐ NO ☐
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** ☐ go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** ☐ go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

2023 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐ ?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

 **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.



PALARONG PAMBANSA SECRETARIAT
INFORMED CONSENT FOR FITNESS TESTING
ACCREDITATION OF TECHNICAL OFFICIALS

Name of Participant: _____

The purpose of the test is to evaluate your cardiorespiratory fitness to determine your readiness and physical capacity for performing your role as a sports officiating official while reducing your risk for injury.

The cardiorespiratory fitness test involves a submaximal test, either the Rockport walk test that requires brisk walking for one mile or 20-meter Multi-stage test that requires running a series of 20-meter shuttle runs with a starting speed of 8.5 km/hr. and increasing by 0.5 km/hr. in the next level. There are 23 levels, each lasting approximately 1 minute but a participant may withdraw/is asked to withdraw at any time if s/he can no longer keep up with the required pace.

I understand that I am responsible for monitoring my own condition throughout the tests. In the event unusual symptoms occur, I will cease my participation and inform the test administrator of my symptoms.

By signing this consent form, I confirm that I have read it in its entirety and that I understand the description of the test. I also affirm that my questions regarding the fitness test have been answered to my satisfaction. In the event that a medical clearance form signed by my physician is required, I agree to consult with my physician prior to participating in the fitness test.

Additionally, I agree to assume the risk of such testing and further agree to absolve from any liabilities the Department of Education and the *Palarong Pambansa* Secretariat, including its resource persons for conducting such testing from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the testing program.

Signature of Participant: _____

Date: _____