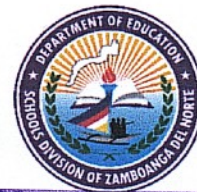




Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE
Dipolog City 7100



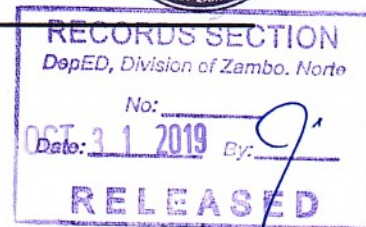
MEMORANDUM

To : Public School District Supervisors
Principals/ Heads of Secondary Schools
All others concerned

From : Office of the Schools Division Superintendent

Subject : First PhilHealth National Quiz Bee Division Level
Competition

Date : October 24, 2019



1. This has reference to the letter from EDGARDO F. FAUSTINO, Acting Regional Vice President, PhilHealth Regional Office IX, Zamboanga City date October 15, 2019, relative to the conduct of the 1st PhilHealth National Quiz Bee competition. This Division will conduct the division-level competition on November 7, 2019 (venue to be announced).
2. Each district is directed to send one (1) student participant either coming from Grade 10, 11 or 12 together with one (1) coach preferably a MAPEH teacher. Participants are required to accomplish the registration form and parental consent and submit to the Division Office not later than November 5, 2019 hardcopy or by e-mail to **pdodepedzn@gmail.com**.
3. Provision and traveling expenses to and from the venue shall be charged to the School Local Funds or other fund sources.
4. Mechanics of the competition are herewith attached. Learners' materials can be downloaded in this link **bit.ly/2019PhilHealth**. For queries you may reach Dr. Cheryl Ocupe – 0917714 5943 or Ms. Ma. Gina Chiong – 0927805 8123 of the Division School Health Section.
5. For guidance and compliance.

PEDRO MELCHOR M. NATIVIDAD, Ph. D., CSEE
Schools Division Superintendent

PhilHealth National QUIZ BEE



Recent photo
25 mm x 35 mm

REGISTRATION FORM

CONTESTANT'S DETAILS:

Last Name First Name Middle Name Suffix

Address: _____

Year Level: _____ Age: _____ Sex: _____ Telephone Number: _____

Father's Name:

Last Name First Name Middle Name Suffix

Mother's Maiden Name:

Last Name First Name Middle Name Suffix

Guardian (in the absence of the parents):

Last Name First Name Middle Name Suffix

In case of emergency contact: ☐ Father ☐ Mother ☐ Guardian

Address: _____ Telephone No. _____

Contestant Date
(signature over printed name)

SCHOOL DETAILS:

Name of School: _____

Address: _____

Region: _____ ☐ Public School ☐ Private School

Telephone Number: _____ Email Address: _____

COACH DETAILS:

Last Name First Name Middle Name Suffix

Address: _____

Telephone Number: _____ Email Address: _____

CERTIFICATION AND ENDORSEMENT

This is to certify that _____ (Student's Name) is a bona fide student and his/her coach _____ (Coach's Name) is a faculty member of this institution for SY 2019-2020. Further, the student has no relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity. The undersigned therefore endorses his/her participation in the First PhilHealth National Quiz Bee.

School Division Head/Principal
(signature over printed name)

Date

PARENTAL CONSENT FORM

This is to certify that,

I am giving my full consent for my son/daughter, _____ to participate in the **First PhilHealth National Quiz Bee**;

I am permitting him/her to travel to the designated competition venue in case he/she wins and qualifies to the next level of the competition;

The personal information provided by my son/daughter in the PhilHealth National Quiz Bee Registration Form shall be solely used for his/her participation in the said competition;

We have NO relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity and in relation to this, I am allowing PhilHealth to verify our records;

I understand the rules and regulations of this competition and I acknowledge that any violations of these rules will result to disqualifications; and

I acknowledge that the Philippine Health Insurance Corporation shall NOT be held responsible for any harm or injury that may occur to my son or daughter while traveling for/during the competition.

Name of Parent/Guardian
(Signature over printed name)

Date

GENERAL MECHANICS

1. Contest shall be open to all presently enrolled Grades 10, 11 and 12 students in public and private schools nationwide.
2. Each school shall be represented by one (1) student only.
3. Failure of the qualified contestant/s to appear on the day and time set for the conduct of the competition in each level shall automatically disqualify him/her from joining the competition. Replacement of contestant/s shall be NOT BE ALLOWED.
4. Relatives of PhilHealth and DepEd employees up to the fourth degree of consanguinity or affinity are NOT QUALIFIED TO JOIN the contest.
5. All contestants shall accomplish the Registration Form and submit to the nearest PhilHealth Office.
6. Contestants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the contestant represents.
7. During the contest, the coach shall be assigned a specific area to observe.
8. Questions will cover the PhilHealth Corporate Profile, policies on benefits, products and services, other matters concerning PhilHealth, UHC Act 11223, and health matters in general.
9. Specific rules on the actual conduct of the Quiz Bee shall be discussed at the beginning of the contest.
10. The official judges shall determine the correctness of the answer.
11. The Contest is divided into four (4) levels:
 - a. Division Level
 - b. Regional Level and PRO NCR Branch Level
 - c. Area Level and PRO NCR Level
 - d. National Level
12. Contestants will be automatically disqualified to join or continue with the competition for any violation committed or non-compliance to competition rules.