



Republic of the Philippines
Department of Education
REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

06 October 2026

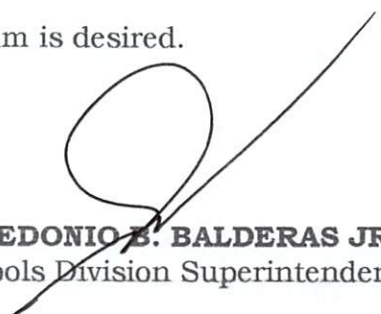
DIVISION MEMORANDUM
No. **656** s. 2026

CONDUCT OF SCHOOL-BASED IMMUNIZATION PROGRAM

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public Elementary and Secondary Schools
Heads, Unit/Section
All Others Concerned

1. Pursuant to **Department of Education Memorandum No. 059, s. 2026**, titled **Guidelines on the delivery of School Health Services for School Year 2026-2027**, this Office, in collaboration with the City Health Office of Tayabas City, announces the conduct of **School-Based Immunization** from **October 12, 2026 to November 27, 2026 from 8:00 a.m. to 12:00 noon, in 35 Schools**.
2. This activity aims to protect school children against vaccine-preventable diseases such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV), and to improve their health and well-being.
3. The target participants of this activity are the **Grades 1 and 7 learners for MR-TD vaccine** and **female learners in Grades 4 and 5 female for the HPV vaccine**. This will be conducted by the City Health Office personnel.
4. The master listing of learners eligible for immunization shall be facilitated by the class advisers of **Grades 1, 4, 5, and 7**, who shall ensure that the list is complete and updated. Parents/guardians shall accomplish and sign the required consent forms, which shall be collected by the class advisers. The **City Health Office Vaccination Team** shall collect the master lists and accomplished consent forms **one (1) day before the scheduled immunization**. School Heads, class advisers, and concerned personnel shall coordinate closely with the vaccination team to ensure the timely submission of required documents and the smooth conduct of the activity. Any changes in the masterlist or consent status shall be promptly communicated to the **School Health and Nutrition Unit (SHNU)** and the City Health Office Vaccination Team.
5. The **School-Based Immunization 2026 Kick-Off Ceremony** will be held on **October 12, 2026, 8:00a.m.** at **Dapdap Integrated School**. It will be attended by target learners, parents, teachers of the above-mentioned school, City Health Office personnel, and personnel from School Health and Nutrition Section.
6. Enclosed are as follows:
 1. Schedule of the said activity
 2. Master listing forms

3. Consent forms
4. Link to advocacy video and IEC materials for schools:
<https://tinyurl.com/CHDIVASBIMaterials2026>
<https://tinyurl.com/HPVVACCINEMATERIALS2026>
7. Immediate dissemination of this Memorandum is desired.


CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

Encl.: As stated

Reference: Department of Education Memorandum No. 059, s. 2026

To be indicated in the Perpetual Index
under the following subjects:

LEARNERS
SCHOOL-BASED IMMUNIZATION PROGRAM

SGOD- conduct of school-based immunization program
DRFLF-00503/October 06, 2026

Enclosure 1

SCHEDULE OF IMMUNIZATION

Schools	Date
Dapdap Integrated School	October 12, 2026 (Kick-Off)
Luis Palad Integrated High School	October 13-15, 2026
Tayabas West Central School I	October 16, 2026
Tayabas East Central School	October 19, 2026
Tayabas West Central School II	November 26, 2026
Calumpang Integrated School	October 20, 2026
Froilan E. Lopez Elementary School	October 21, 2026
Cipriano J. Querubin Elementary School	October 22, 2026
East Palale Elementary School	October 23, 2026
North Palale Elementary School	October 26, 2026
Valencia Elementary School	October 28, 2026
Masin Elementary School	
Gibanga Elementary School	November 5, 2026
Potol Elementary School	
Eugenio Francia Integrated School	November 9, 2026
Malaoa/Calantas Elementary School	November 10, 2026
Tayabas West Central School III	November 11, 2026
Buenaventura Alandy National High School	November 9, 2026
Ipilan-Alitao Elementary School	November 10, 2026
Rosario Quesada Integrated National High School	November 11, 2026
Lalo Elementary School	November 12, 2026
Mate Integrated School	
Lawigue Elementary School	November 13, 2026
Tayabas West Central School IV	
Lakawan Elementary School	November 16, 2026
Tayabas National High School	
Alsam Integrated School	November 17, 2026
Pandakake Integrated School	
Domoit Elementary School	November 18, 2026
Mayuwi Integrated School	
Katigan-Alupay Elementary School	November 19, 2026
Talolong Elementary School	
West Palale Elementary School	
Ilasan Integrated School	November 23, 2026
South Palale Elementary School	November 24, 2026
West Palale National High School	November 25, 2026
Busal Integrated School	November 26, 2026

Recording Form: Masterlist and Quick Health Assessment Form

HPV:
Number of Vaccine Received (in vials): _____
Number of Vaccine Used (in vials): _____
Number of Vaccine Unused (in vials): _____

Name of Adviser: _____ Date: _____

Masterlist										Health Assessment																	
Full Name (Surname, First Name, MI)		Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Contact Number	With Consent Form (Y/N)	History of MR-Td Given (date last given if applicable)		History of HPV Given (date last given if applicable)		Co-administration with other injectables? (1) If Yes pls specify	History of Allergies (Specify)	Does the child have fever ≥ 38.5 °C)?		have comorbidities and other medical conditions? (2) If Yes pls specify	Date of Last Menstruation (if applicable)	Date of Vaccine Given						Deferral	Refusal	Assessed by: (Name & Signature)	Vaccinated by: (Name & Signature)
								MR	Td	HPV1	HPV2			Y/N	Temp			MR	Lot/Batch No.	Td	Lot/Batch No.	HPV 1	HPV 2				
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											

NOTE:

(1) Co-administration with Other Injectables:

- If inactivated, simultaneously administer HepB, Penta, PCV, IPV
- If live-attenuated, 4-week minimum interval. If not administered simultaneously (BCG, MMR, Varicella)
- If immunoglobulin, can be administered after a minimum of 4-to-6 week interval (Rabies - 4 months, IVIG for Kawasaki Disease - 6 months).
- If blood products, washed RBCs (None), adenine-saline added RBCs (3 months), packed RBCs and whole blood (6 months), plasma and platelet products (7 months)

(2) Comorbidities and other Medical Conditions: Severe illness, Primary immune-deficiency disease, suppressed immune response, leukemia, lymphoma, anaphylaxis (Specify other conditions if not stated)

(3) Malnutrition, low-grade fever, mild respiratory infection, diarrhea, and other minor illnesses should not be considered as contraindication

REASONS FOR BEING UNVACCINATED (REFUSAL & DEFERRAL) - Please select all that apply for the client.

Code	Reasons
1.	Parent/caregiver not home or decision maker (e.g., spouse) unavailable
2.	Fear of vaccine side effects
3.	Concerns over vaccine safety (e.g., past adverse reaction, Dengvaxia)
4.	Refused extra dose (already completed routine vaccines) (campygn-specific)
5.	No time due to work or caregiving; no one to accompany child
6.	Belief that vaccine is not effective, low quality, or expired
7.	Belief that child is too young for vaccination

Code	Reasons
8.	Already vaccinated or advised against it by private doctor
9.	Religious or personal beliefs not aligned with vaccination
10.	Lack of trust in the vaccinator
11.	Child was sick, just recovered, or recently discharged from hospital
12.	Unaware of vaccination schedule/activity
13.	No health worker visit or vaccine promotion in the area

Code	Reasons
14.	Child is visiting, recently moved, or not in target client list
15.	Too far from site or no transportation (geographical challenges)
16.	Language or communication barrier
17.	Caregiver has disability or health condition limiting access
18.	Fear of injection
19.	Refused with no reason or Other (specify): _____

Name & Signature of Supervisor _____

Name & Signature of Vaccinator/s _____



Republika ng Pilipinas
Waiver Form

LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____

PAARALAN: _____

Mahal na Magulang/Tagapatnubay,

Ipinabatid ng paaralang ito na isasagawa ang programang **Bakuna Eskwela** sa pakikipag-ugnayan sa Kagawaran ng Kalusugan, Kagawaran ng Edukasyon, at sa pakikipagtulungan ng Lokal na Pamahalaan. Layunin ng programang ito na magbigay ng mga sumusunod na bakuna:

- a. Bakuna laban sa Measles-Rubella (MR) at Tetanus-Diphtheria (Td) para sa mga mag-aaral ng Grade 1 at Grade 7 (Nagbibigay proteksyon laban sa tigdás, rubella, tetano, at diphtheria—mga seryosong sakit na maaaring magdulot ng pulmonya, pinsala sa utak, kapansanan, o kamatayan)
- b. Bakuna laban sa Human Papillomavirus (HPV) para sa mga babaeng mag-aaral ng Grade 4 at 5 (Nagbibigay proteksyon laban sa impeksiyong HPV na maaaring magdulot ng kanser sa cervix at iba pang kaugnay na sakit sa hinaharap)

Pakisagutan ang pagbibigay ng pahintulot sa ibaba at ipasa ito sa *school advisor* ng estudyante bago ang _____. Para sa mga karagdagang mga tanong/kailangang linawin ukol dito, mangyaring makipag-ugnayan sa Punong-guro/Pinuno ng Paaralan.

Taos-pusong sumasainyo,

Lagda at Pangalan ng Punong-guro/Pinuno ng Paaralan

Lagda at Pangalan ng City/Municipal Health Officer

PAGBIBIGAY NG PAHINTULOT

Ito ay pagpapatunay na nabasa at naunawaan ko ang impormasyon tungkol sa mga serbisyong pangkalusugan na nakalaang ibigay sa aking anak.

Apelyido:	Unang Pangalan:	Gitnang Pangalan:	Araw ng Kapanganakan (mm/dd/yyyy):
Pangalan ng Paaralan:			Edad:
Baitang at Seksyon:		Telepono:	Kasarian:

PRE-VACCINATION CHECKLIST (Para sa magulang/tagapag-alaga na kumpletuhin)

Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humingi ng sertipikasyon galing sa inyong doktor kung ito ay may ang anumang sumusunod na kalagayan (mangyaring lagyan ng tsek (✓) ang anumang kondisyon na mayroon ang bata):

- ☐ Ang aking anak ay may kasaysayan ng matinding allergy sa bakunang laban sa tigdás o tetanus-diphtheria.
- ☐ Ang aking anak ay may malubhang sakit:
- | | |
|--|--|
| ☐ Primary immune – deficiency disease | ☐ Lymphoma |
| ☐ Suppressed immune response from medications | ☐ Iba pang generalized malignancies |
| ☐ Leukemia | ☐ Wala, ang aking anak ay malusog |

PAHINTULOT SA PAGBABAKUNA

(Pakilagyan ng ✓ ang kahon)

- ☐ Oo, papayagan kong mabigyan ng mga serbisyong pangkalusugan ang aking anak ayon sa rekomendasyon ng DOH.
- ☐ Grade 1 (MR, Td) ☐ Grade 4 (HPV) ☐ Grade 5 (HPV) ☐ Grade 7 (MR, Td)

- ☐ Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil:

Sa pamamagitan ng paglagda sa abisong ito, kinikilala ko na nabasa at naunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak ng mga kinakailangang bakuna para sa paaralan.

Pangalan at Lagda ng Magulang/Tagapag-alaga



Republika ng Pilipinas
Waiver Form

NOTIFICATION LETTER

DATE: _____

DIVISION: _____

SCHOOL: _____

Dear Parent/Guardian:

We wish to inform you that our school, in coordination with the Department of Health, Department of Education, in collaboration with our school and the Local Government Unit, will be conducting the annual **Bakuna Eskwela** campaign on _____. During this activity, the following vaccines will be provided: (Date)

- a. **Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines for Grade 1 and Grade 7 learners** (Provides protection against measles, rubella, tetanus, and diphtheria—serious diseases that may lead to complications such as pneumonia, brain damage, disability, or even death)
- b. **Human Papillomavirus (HPV) vaccine for Grade 4 and 5 female learners** (Provides protection against HPV infection, which may lead to cervical cancer and other HPV-related diseases later in life)

Please accomplish the Acknowledgement and Consent Form below and submit to your child's school advisor on _____. For further questions/clarifications on this matter, please get in touch with the Principal/School Head. (Date)

Thank you very much.

Yours truly,

Signature Over Printed Name of School Head/Principal

Signature Over Printed Name of City/Municipal Health Officer

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the intended immunization services to be given to my child.

Surname:	First Name:	Middle Name:	Date of Birth (mm/dd/yyyy):	
Name of Division and School:			Age:	
Grade and Section:		Contact No.:	Sex:	

PRE-VACCINATION CHECKLIST (For parent/guardian to complete)

Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (✓) if any condition applies to your child):

- ☐ My child had a history of severe allergy to measles-containing or Td vaccines.
- ☐ My child has a severe illness:
- | | |
|--|---|
| ☐ Primary immune – deficiency disease | ☐ Lymphoma |
| ☐ Suppressed immune response from medications | ☐ Other generalized malignancies |
| ☐ Leukemia | ☐ None, my child is relatively healthy |

CONSENT FOR IMMUNIZATION

(Please check in the box provided)

- ☐ Yes, I will allow my child to be provided with immunization services as per DOH recommendation.
- ☐ Grade 1 (MR, Td) ☐ Grade 4 (HPV) ☐ Grade 5 (HPV) ☐ Grade 7 (MR, Td)

☐ No, I will not allow my child to receive the immunization service because _____

I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above.

Name and Signature of Parent / Guardian



Republika ng Pilipinas
Waiver Form

LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____

PAARALAN: _____

Mahal na Magulang/Tagapatnubay,

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- | | |
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| b. Bakuna laban sa Human Papillomavirus (HPV) para sa mga babaeng mag-aaral ng Grade 4 at 5 | (Nagbibigay proteksyon laban sa impeksiyong HPV na maaaring magdulot ng kanser sa cervix at iba pang kaugnay na sakit sa hinaharap) |

Pakisagutan ang pagbibigay ng pahintulot sa ibaba at ipasa ito sa *school advisor* ng estudyante bago ang _____. Para sa mga karagdagang mga tanong/kailangang linawin ukol dito, mangyaring makipag-ugnayan sa Punong-guro/Pinuno ng Paaralan. (PWSA)

Taos-pusong sumasainyo,

Lagda at Pangalan ng Punong-guro/Pinuno ng Paaralan

Lagda at Pangalan ng City/Municipal Health Officer

PAGBIBIGAY NG PAHINTULOT

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- | | |
|--|--|
| ☐ Ang aking anak ay may kasaysayan ng matinding <i>allergy</i> sa bakunang laban sa tigas o tetanus-diphtheria. | |
| ☐ Ang aking anak ay may malubhang sakit: | |
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PAHINTULOT SA PAGBABAKUNA

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_____. Sa pamamagitan ng paglagda sa abisong ito, kinikilala ko na nabasa at naunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak ng mga kinakailangang bakuna para sa paaralan.

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Name of Division and School:			Age:	
Grade and Section:		Contact No.:	Sex:	

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- | | |
|--|---|
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| ☐ Suppressed immune response from medications | ☐ Other generalized malignancies |
| ☐ Leukemia | ☐ None, my child is relatively healthy |

CONSENT FOR IMMUNIZATION

(Please check in the box provided)

- ☐ Yes, I will allow my child to be provided with immunization services as per DOH recommendation.
- ☐ Grade 1 (MR, Td) ☐ Grade 4 (HPV) ☐ Grade 5 (HPV) ☐ Grade 7 (MR, Td)

☐ No, I will not allow my child to receive the immunization service because _____
I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above.

Name and Signature of Parent / Guardian