Republic of the Philippines
Department of Education
Region IV-A CALABARZON
Province of Quezon
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS
Brgy. Potol, Tayabas City

DEPED-TAY-DM-SGOD-19- 262

TO : **OIC- ASSISTANT SCHOOLS DIVISION SUPERINTENDENT**
CHIEF EDUCATION SUPERVISORS
HEADS, PUBLIC ELEMENTARY AND SECONDARY SCHOOLS
HEADS, UNIT/SECTION
ALL OTHERS CONCERNED

FOR : **CATHERINE P. TALAVERA, CESO VI**
Schools Division Superintendent

BY : **IMELDA C. RAYMUNDO**
Chief – Curriculum Implementation Division

SUBJECT : **SCHOOL BASED IMMUNIZATION 2019 AND JMC 1,s. 2019 MEASLES OUTBREAK RESPONSE AND PREVENTION OF TRANSMISSION IN SCHOOLS**

DATE : **AUGUST 20, 2019**

1. The Department of Education Region IV-A CALABARZON joins the Department of Health IV-A and Department of Interior Local Government in implementing the School Based Immunization this September to October 2019 with joint Memorandum Circular 1,s. 2019 Measles Outbreak response and prevention of transmission in schools.

2. The Department of Health will conduct SBI to all enrolled students from Kinder to Grade 7, as part of the Measles Outbreak Response. The usual TD (Tetanus Diphtheria) for Grade 1 and 7 will also be given as well as HPC (Human Pappiloma Vaccine) first dose for Grade 4 female 9-14 years old. The target will be 100% vaccine coverage for all school aged children.

3. Please refer to the attached enclosure for your information, guidance and reference.
   a. Masterlist and Recording forms
   b. Consent form

4. Strict compliance of this memorandum is desired.

Encl:
As stated

PABATID LIHAM

SANGAY: _____
DISTRITO: _____
PAARALAN: _____
PETSA: _____
PANGALAN: _____
BAITANG/PANGKAT: _____
TIRAHAN: _____
PANGALAN NG MAGULANG/TAGAPANGALAGA: _____

Minamahal naming mga magulang/tagapangalaga,

Ang pampublikong paaralang Elementary at Sekundarya ay magkakaroon ng mga serbisyong pangkalusugan na ibibigay ng Kagawaran ng Kalusugan (DOH) at ng Lokal na Pamahalaan (LGU). Sila ay magsasagawa ng libreng pagbabakuna bilang dagdag na proteksyon (*Booster*) laban sa ***Tigdas (Measles-Rubella), Tetano (Tetanus),*** at ***Dipterya (Diphtheria)*** sa lahat ng mag-aaral na nasa ika-isa **(Grade 1)**, ika-pitong **(Grade 7)** baitang na kahit anong edad sa School Year 2018-2019, **HPV** para sa ika-apat **(Grade4) babaeng estudyante edad 9-14 yrs. Old** bakuna laban sa **cervical cancer** sa rehiyong ito.

Kaugnay nito, kami po ay humihingi o pakilakip ang "Xerox copy" ng Immunization card/ Health Card ng inyong mga anak upang malaman kung siya ay nabigyan na o hndi pa ng mga nabanggit na bakuna.

Listahan ng mga nga Naibigay na Bakuna:

Baitang (Grade)	Bakuna	Petsa ng unang Bakuna	Petsa ng Pangalawang Bakuna
Grade I	Measles Containing Virus (MCV) laban sa tigdas.		
	Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya.		
Grade VII	Measles Containing Virus (MCV) laban sa tigdas.		
	Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya.		
Grade IV Female Students 9-14 yrs. old	Human Papillomavairus Vaccine (HPV)		
Grade K, II,III,IV,VI	Measles Containing Virus (MCV) laban sa tigdas		

Ang liham na ito ay ibinibigay sa inyo upang humingi ng pahintulot para sa pagbabakuna ng inyong anak na isasagawa sa _____(lugar). Para sa katanungan/kalinawan pumunta sa mga itinakdang pagpupulong ukol dito o sa pinakamalapit na Health Center / Rural Health Unit (RHU).

Maraming salamat po!

Lubos na Gumagalang,

_____
Pangalan at Lagda ng Principal/Punong-Guro

PAGTANGGAP AT PAHINTULOT

Ito po ay pagpapatunay na aming natanggap, nabasa at naunawaan ang mga imporasyon hinggil sa libreng serbisyong pangkalusugan na ibibigay sa aking anak. Pakilagyan ng tsek (/) ang patlang:

_____Oo, pinahihintulutan ko ang aking anak na mabigyan Libreng bakuna ayon sa rekomendasyon ng DOH.
_____Hindi ko pinahihintulutan ang aking anak na mabigyan ng Libreng bakuna ayon sa rekomendasyon ng DOH.

Dahilan:_____(Halimbawa, may allergy sa bakuna, itlog, at iba pa)

_____
Pangalan at Lagda ng Tagapag-alaga/ Magulang/Petsa

_____
Lagda ng Saksi/Petsa

PABATID LIHAM

SANGAY: _____
DISTRITO: _____
PAARALAN: _____
PETSA: _____
PANGALAN: _____
BAITANG/PANGKAT: _____
TIRAHAN: _____
PANGALAN NG MAGULANG/TAGAPANGALAGA: _____

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Kaugnay nito, kami po ay humihingi o pakilakip ang "Xerox copy" ng Immunization card/ Health Card ng inyong mga anak upang malaman kung siya ay nabigyan na o hndi pa ng mga nabanggit na bakuna.

Listahan ng mga nga Naibigay na Bakuna:

Baitang (Grade)	Bakuna	Petsa ng unang Bakuna	Petsa ng Pangalawang Bakuna
Grade I	Measles Containing Virus (MCV) laban sa tigdas.		
	Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya.		
Grade VII	Measles Containing Virus (MCV) laban sa tigdas.		
	Tetanus-Diphtheria Vaccine (Td) laban sa tetano at dipterya.		
Grade IV Female Students 9-14 yrs. old	Human Papillomavairus Vaccine (HPV)		
Grade K, II,III,IV,VI	Measles Containing Virus (MCV) laban sa tigdas		

Ang liham na ito ay ibinibigay sa inyo upang humingi ng pahintulot para sa pagbabakuna ng inyong anak na isasagawa sa _____(lugar). Para sa katanungan/kalinawan pumunta sa mga itinakdang pagpupulong ukol dito o sa pinakamalapit na Health Center / Rural Health Unit (RHU).

Maraming salamat po!

Lubos na Gumagalang,

_____
Pangalan at Lagda ng Principal/Punong-Guro

PAGTANGGAP AT PAHINTULOT

Ito po ay pagpapatunay na aming natanggap, nabasa at naunawaan ang mga imporasyon hinggil sa libreng serbisyong pangkalusugan na ibibigay sa aking anak. Pakilagyan ng tsek (/) ang patlang:

_____Oo, pinahihintulutan ko ang aking anak na mabigyan Libreng bakuna ayon sa rekomendasyon ng DOH.
_____Hindi ko pinahihintulutan ang aking anak na mabigyan ng Libreng bakuna ayon sa rekomendasyon ng DOH.

Dahilan:_____(Halimbawa, may allergy sa bakuna, itlog, at iba pa)

_____
Pangalan at Lagda ng Tagapag-alaga/ Magulang/Petsa

_____
Lagda ng Saksi/Petsa

School-Based Immunization
RECORDING Form 1: Masterlist of Kinder

Region: _____ Name of School: _____ Grade Level: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV:
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser											To be filled up by the Vaccination Team					
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Yes	No		Y	N	MCV1	MCV2	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 2: Masterlist of Grade 1 Students

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

Td
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser											To be filled up by the Vaccination Team						
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given			Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Yes	No		Y	N	MCV1	MCV2	Td	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

TOTAL

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 3: Masterlist of Grade 2 Students

Region: _____ Name of School: _____ Grade Level: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser											To be filled up by the Vaccination Team					
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Yes	No		Y	N	MCV1	MCV2	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 4: Masterlist of Grade 3 Students

Region: _____ Name of School: _____ Grade Level: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser											To be filled up by the Vaccination Team					
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Yes	No		Y	N	MCV1	MCV2	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 5: Masterlist of Grade 4 Students

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
HPV
Lot No: _____
Batch No: _____

MCV
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser													To be filled up by the Vaccination Team						
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Had received Dengue Vaccine?		Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Date of HPV Vaccine Given (For Female 9-14 y/o Students Only)		Date of MR vaccine given	Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Y	N	Yes	No		Y	N	1st dose	2nd dose		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

_____
Name and Signature of Supervisor

_____
Name and Signature of Vaccinator 1

_____
Name and Signature of Vaccinator 2

_____
Name and Signature of Rec

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 6: Masterlist of Grade 5 Students

Region: _____ Name of School: _____ Grade Level: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser													To be filled up by the Vaccination Team					
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Had received Dengue Vaccine?		Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Y	N	Yes	No		Y	N	MCV1	MCV2	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 7: Masterlist of Grade 6

Region: _____ Name of School: _____ Grade Level: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser													To be filled up by the Vaccination Team					
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Had received Dengue Vaccine?		Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Y	N	Yes	No		Y	N	MCV1	MCV2	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

_____ Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post
f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine

School-Based Immunization
RECORDING Form 8: Masterlist of Grade 7 Students

Region: _____ Name of School: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MCV
Lot No: _____
Batch No: _____

Td
Lot No: _____
Batch No: _____

To be filled up by the School Nurse / Class Adviser													To be filled up by the Vaccination Team							
No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous MCV received			Had received Dengue Vaccine?		Parent's Response Slip		History of allergies (food, meds, previous immunization MR/Td)	Sick today? (fever, etc)		Last Menstrual Period (for FEMALES only)	Potentially Pregnant (Y/N)	Vaccine Given		Reasons for Unvaccinated (refer to the list below) *record only the codes
						Zero dose	MCV1	MCV2	Y	N	Yes	No		Y	N			MR (R	Td (L	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

_____ Name and Signature of Supervisor

_____ Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

_____ Name and Signature of Recorder

a - No Consent (Consent not Return)
b - Child received 2 or more doses
c - Child was sick
d - Child was absent/away from home
e - Unaware of the campaign/location of post

f - Vaccine post too far away
g - Vaccine post did not have vaccine
h - Religious Beliefs
I - Fear of Vaccine
j - Consent which parents indicate not to give vaccine