Republic of the Philippines
Department of Education
Region 4-A CALABARZON
Province of Quezon
DIVISION OF TAYABAS CITY
Tayabas City

DIVISION MEMORANDUM
No. 303 s, 2018

TO : **CHIEFS, EDUCATION PROGRAM SUPERVISOR, CID AND SGOD**
ALL SCHOOL HEADS
ALL UNIT HEADS
ALL OTHER CONCERNS

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

SUBJECT: **IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION**

DATE : **SEPT 14, 2018**

Relative to the Division Memorandum no. 82, s, 2015"Guidelines in the implementation of School-Based Immunization" and Dep Ed Memorandum 173 s 2017 "inclusion of Human Papilloma Virus vaccination in the School;-Based immunization", this Office reminds all schools to support the implementation, in partnership with the Department of Health and the Department of Interior and Local Government.

Schools are required to submit the **Masterlist of all Grade I, IV and VII on or before Sept 27,2018** and expected to be cautious on the necessary pre requisites which include parent's consent, physical and health condition of the learners that need to be considered.

In this regard, we would like to have your support in implementing this yearly campaign. The **activity is targeting November 2018**.Local Government Units will be coordinating with School Division Office for smooth implementation.

Attached herewith are the consent and reporting forms for your information and guidance.

Immediate disseminations of this memorandum is highly desired.

Schools Division of Tayabas City
RECORDS SECTION
RELEASED
BY:
DATE: 09/14/2018
TIME: 2:55 PM

Soar High Tayabas

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 at **HPV** para sa ika-apat **(Grade4) babaeng estudyante edad 9-13 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 9-13 yrs. old	Human Papillomavairus Vaccine (HPV)		

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 Grade 1 Students

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team

MR
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 (1 (Surname, First Name, MI)	Complete Address (2)	Dare of Birth MM/DD/YY	Age	Sex	Date of previous MCV received			Parents' Response Slip		History of allergies (food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given			Refusal	Reasons
						Zero dose	MCV 1	MCV2	Y	N		Y	N	MCV1	MCV2	Td		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

School-Based Immunization

RECORDING Form 2: Masterlist of Grade 4 FEMALE Students (9-13 yrs. old)

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

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

To be filled up by the School Nurse/ Class Adviser								*To be filled up by the Vaccination Team*							
No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response		History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred	Refusal	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

_____
Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Recorder

Name and Signature of Vaccinator 2

Name and Signature of Recorder

School-Based Immunization

RECORDING Form 3: Masterlist of Grade 7 Students

Region: _____ Name of School: _____

Province/City: _____ Division: _____ Section: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
MR
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 (1)	Complete Address (2)	Dare of Birth MM/DD/YY	Age	Sex	Parents' Response Slip		History of allergies (food, meds, previous immunization MR/Td)	Sick today? (fever)		Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y / N)	Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Y	N		Y	N			MR (R arm)	Td (L arm)			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
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14																	
15																	

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder