



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VIII
SCHOOLS DIVISION OFFICE OF CATBALOGAN CITY



DIVISION MEMORANDUM

No. 274 s. 2018

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
School Clinic Coordinators
All Others Concerned

FROM: CRISTITO A. ECO, CESO VI
Schools Division Superintendent

SUBJECT: IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM

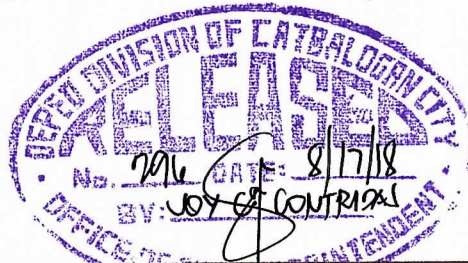
DATE: August 15, 2018

1. Pursuant to DepEd Memorandum No. 128, s. 2016, the Department of Health (DOH) and the Department of Education (DepEd) will conduct the **School-Based Immunization Program** this August 2018 as a response to ensure prevention of morbidity and mortality of school-aged children due to vaccine-related preventable diseases.
2. This program aims to immunize all school children and adolescents nationwide enrolled in **Grades 1 and 7** with the recommended appropriate vaccine on **Measles-Rubella (MR) and Tetanus Diphtheria (Td)**.
3. In line with this, School Heads are requested to prepare masterlist of Grade 1 and 7 learners and parental consent must be secured prior to the conduct of vaccination.
4. Expenses incurred in the said activity shall be charged to the School MOOE subject to the usual accounting and auditing rules and regulations.
5. Immediate dissemination and compliance with this Division Memorandum is earnestly desired.

Enclosure:

- Masterlist Form
- Parent's Consent Form

SGOD/SHN/CMM/08152018



BUNTKARAS - Building New Generation Knowledge and Attitudes by Raising Advanced and Innovative School Leaders
"Liderato nga maabik, DepEd nga makail" (Empowered and Innovative leadership results to dynamic DepEd)

2nd Floor, Lathao Bldg., Del Rosario St., Catbalogan City
Email: depEdcatbalogancitydivision15@gmail.com
Facebook Page: [DepEd Catbalogan City Division](#)
Catbalogan City
Telefax: (055) 251-3196 (055) 543 8268

**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

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date 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	MCV 2	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 3: Master/List of Grade 7 Students**

Region: _____
 Province/City: _____
 District/Municipality: _____

Name of School: _____
 Division: _____
 Section: _____
 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

No.	Name (1)	Complete address (2)	Date 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 (earn)	Td (L earn)				
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 _____



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Ako hi _____ kag-anak ni _____, natugot
OO () o DIRI () na hiya mabakunahan han Measles Rubella (MR) ngan Tetanus-Diphtheria (Td) na bakuna na hatag han DOH
pinaagi han DepEd.

Ngaran ngan Pirma han Kag anak



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