



Republic of the Philippines
Department of Education
Region V
SCHOOLS DIVISION OF SORSOGON

August 16, 2024

DIVISION MEMORANDUM

No. 187 s. 2024

RESUMPTION OF SCHOOL-BASED IMMUNIZATION (SBI)

To: Assistant Schools Division Superintendent
Chiefs, CID and SGOD
Public Schools District Supervisors/OIC PSDS
Elementary and Secondary School Heads
School Health Section Personnel
All Others Concerned

1. The Department of Health and Department of Education School-Based Immunization (SBI) program has been implemented since 2015 every August in public schools nationwide per DepEd Memorandum No. 82 s. 2015, to provide protection against vaccine-preventable diseases (VPD's) such as measles, rubella, tetanus, diphtheria and human papilloma virus (HPV). The onset of the COVID-19 pandemic, however, has prompted the shift from school-based to community-based setting due to mobility restriction and suspension of in-person classes in schools.
2. With the full resumption of face-to-face classes, school learners are at high risk of contracting Vaccine-Preventable Diseases (VPDs); thus, the DOH, LGU and DepEd shall implement the resumption of School-Based Immunization (SBI) in October 2024.
3. The LGU, DOH, and DepEd shall conduct coordination, planning, demand generation, screening, vaccination, reporting, adverse reaction following immunization management, catch up immunization and other technical assistance needed in the schools.
4. There will be an orientation for medical officer, school nurses from school health section, school nurses from IU's and Public School District Supervisors (PSDSs)/OIC-PSDSs on School Based Immunization (SBI) on August 22, 2024 8:00am at LIKAS Ridge, San Pedro, Irosin, Sorsogon to be facilitated by Provincial Health Office-Sorsogon.
5. During the preparatory activities, the school shall endorse the master list of learners using the recording form 1, 2, and 3 (enclosed in Annex A), from Grade 1 & 7 for Measles-Rubella (MR) and Tetanus-Diphtheria (Td), and from Grade 4 (female only) for Human Papilloma Virus (HPV) vaccination, to their



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local health center or RHU at least a month before the School-Based Immunization (SBI) implementation. Soft copies of the Recording Forms can be downloaded from this link: <https://bit.ly/4dGvJQb>

6. The school head in collaboration with the local health center and school nurses shall conduct health education and promotion activities such as during Flag Ceremonies, part of lectures for relevant classes or Parent and Teacher Association (PTA) meeting to the parents and learners to raise their awareness and willingness on School-Based Immunization (SBI). Also, the local health center shall inform the school on the schedule and suggest the set-up of temporary vaccination post within the school premises.
7. Prior to School-Based Immunization (SBI) activity, Relief International in coordination with the LGU and DepEd personnel will provide the hard copy of notification letter and consent forms (enclosed in Annex B) to augment the needed form for the school. Likewise, school head shall issue notification letter and consent form to the parents of learners and shall be retrieved prior to School-Based Immunization (SBI) schedule. No learner shall be vaccinated without parent's consent. Soft copy of this form can be also downloaded from this link: bit.ly/3AdRGYc
8. Travel and other incidental expenses incurred are chargeable to local funds/MOOE subject to the usual accounting and auditing rules.
9. For information, guidance, and strict compliance of all concerned.

WILLIAM E. GANDO, CESO VI
Schools Division Superintendent



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SCHOOL-BASED IMMUNIZATION
Recording Form 2: Masterlist of Grade 7 Students

Region: _____ Name of School: _____ Section: _____
 Barangay: _____ District/Municipality: _____
 City/Province: _____ Date: _____

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

To be filled out by Local Health Center / Vaccination Team/Teacher-In-Charge				To be filled out by Vaccination Team													
Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of MCV MCV 1	MCV 2	Consent Slip Y N	History of Allergies	Sick today? Y N		MR1 Lot/Batch No.	MR2 Lot/Batch No.	Td Lot/Batch No.	Deferral	Refusal	Reasons	
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3																	
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Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

- Code
- Parent was absent/ away from home
 - Fear of vaccine
 - Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
 - Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
 - Fear of COVID transmission
 - Vaccine perceived to be not effective, of low-quality or on near-expiry
 - Client is a newborn and parents believed that her/his child is too young to be given vaccination
 - Child was already vaccinated by private MD, against advised by private MDs, thus parents/ caregiver refused
 - Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination; Against religious beliefs

- Code
- Lack of trust in the vaccinator
 - Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused
 - Unaware of the campaign
 - Vaccine team did not visit
 - Child was a from a different area
 - Child was acutely sick or not feeling well
 - Do not know/ declined to respond
 - Outright refusal
 - Other (specify): _____

ANNEX A- RECORDING FORM FOR MASTER LIST

SCHOOL-BASED IMMUNIZATION
Recording Form 1: Masterlist of Grade 1 Students

Region: _____ Name of School: _____ Section: _____
 Barangay: _____ District/Municipality: _____
 City/Province: _____ Date: _____

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

To be filled out by Local Health Center / Vaccination Team/Teacher-In-Charge										To be filled out by Vaccination Team									
Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given		Deferral	Refusal	Reasons					
					MCV1	MCV2		Y	N	Y	N				MR1 Lot/Batch No.	MR2 Lot/Batch No.	Td Lot/Batch No.		
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Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

- Code
- 1 Parent was absent/ away from home
- 2 Fear of vaccine Side effect
- 3 Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
- 4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
- 5 Fear of COVID transmission
- 6 Vaccine perceived to be not effective, of low-quality or on near-expiry
- 7 Client is a newborn and parents believed that her/his child is too young to be given vaccination
- 8 Child was already vaccinated by private MD, against advised by private MDs, thus parents/ caregiver refused
- 9 Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination; Against religious beliefs

Code

- 10 Lack of trust in the vaccinator
- 11 Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused;
- 12 Unaware of the campaign
- 13 Vaccine team did not visit
- 14 Child was a from a different area
- 15 Child was acutely sick or not feeling well
- 16 Do not know/ declined to respond
- 17 Outright refusal
- 18 Other (specify): _____

Reasons



LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____
PAARALAN: _____
ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pampublikong Mababang Paaralan / Mataas na Paaralang ito ng pagbabakuna laban sa Tigdas-Rubella (Measles-Rubella) at Tetano-Dipterya (Tetanus-Diphtheria) sa mga batang *Grade 1* at *Grade 7*, sa koordinasyon ng Kagawaran ng Kalusugan (DOH) at ng Lokal na Pamahalaan (LGU).

Ang abisong ito ay inilalabas sa inyo bilang impormasyon ng mga aktibidad na isasagawa para sa SY 2024 - 2025. Kung mayroon kayong karagdagang mga tanong / kailangang linawin ukol sa bagay na ito, mangyaring makipag-ugnayan sa Punong-guro / Pinuno ng Paaralan.

Maraming salamat po.

Taos-pusong sumasainyo,

(Lagda at Pangalan ng Punong-guro/ Pinuno ng Paaralan)

PAGBIBIGAY NG PAHINTULOT

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

Pangalan ng Bata			Araw ng Kapanganakan (mm/dd/yyyy)	
Apelyido:	First Name:	Middle Name:	/ /	
Impormasyon sa Pakikipag-ugnayan			Edad	Kasarian
Contact Number:	Pangalan ng Paaralan:			

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 tigdas o *tetanus-diphtheria*.
- Ang aking anak ay may malubhang sakit:
 - Primary immune – deficiency disease*
 - Suppressed immune response from medications*
 - Leukemia*
 - Lymphoma*
 - Iba pang *generalized malignancies*
- 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 7 (MR, Td)

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

Nauunawaan ko na sa pamamagitan ng hindi pagsasailalim sa kinakailangang pagbabakuna, maaaring mas mataas ang panganib ng aking anak na magkasakit ng mga karamdaman na maaaring maiwasan sa pamamagitan ng bakuna. 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



LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____
 PAARALAN: _____
 ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pampublikong Mababang Paaralan / Mataas na Paaralang ito ng pagbabakuna laban sa *Human Papillomavirus* sa mga *babaeng Grade 4 estudyante*, sa koordinasyon ng Kagawaran ng Kalusugan (DOH) at ng Lokal na Pamahalaan (LGU).

Ang abisong ito ay inilalabas sa inyo bilang impormasyon ng mga aktibidad na isasagawa para sa SY 2024 - 2025. Kung mayroon kayong karagdagang mga tanong / kailangang linawin ukol sa bagay na ito, mangyaring makipag-ugnayan sa Punong-guro / Pinuno ng Paaralan.

Maraming salamat po.

Taos-pusong sumasainyo,

 (Lagda at Pangalan ng Punong-guro/ Pinuno ng Paaralan)

PAGBIBIGAY NG PAHINTULOT

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

Pangalan ng Bata		Araw ng Kapanganakan (mm/dd/yyyy)	
Apelyido:	First Name:	Middle Name:	/ /
Impormasyon sa Pakikipag-ugnayan		Edad	Kasarian
Contact Number:	Pangalan ng Paaralan:		

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 *human papillomavirus*.
- Ang aking anak ay may malubhang sakit:
 - Primary immune – deficiency disease*
 - Suppressed immune response from medications*
 - Leukemia*
 - Lymphoma*
 - Iba pang *generalized malignancies*
- 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 4 (female)
- Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil:

Nauunawaan ko na sa pamamagitan ng hindi pagsasailalim sa kinakailangang pagbabakuna, maaaring mas mataas ang panganit ng aking anak na magkasakit ng mga karamdaman na maaaring maiwasan sa pamamagitan ng bakuna. 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