

I 70



Republic of the Philippines
Department of Education
REGION I

SCHOOLS DIVISION OFFICE OF ALAMINOS CITY



Office of the Schools Division Superintendent

DIVISION MEMORANDUM
DM-2021-314

TO : Assistant Schools Division Superintendent
Chief, Curriculum Implementation Division (CID)
Chief, School Governance and Operations Division (SGOD)
Heads of Public and Private Schools

SUBJECT : **IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM FOR S.Y. 2021-2022**

FROM : Office of the Schools Division Superintendent

DATE : October 06, 2021

1. This Office through the School Governance Operation Division (SGOD) in collaboration with the Department of Health (DOH) and LGU of Alaminos City, shall shift the School-Based Immunization (SBI) to Community-Based Immunization (CBI) for School Year 2021-2022 .
2. The School-Based Immunization (SBI) program is being implemented through the nationwide provision of Measles Rubella (MR) and Tetanus Diptheria (Td) vaccines to all Grade 1 pupils aged 6-7 years old and Grade 7 aged 12-13 years old learners and Human Papillomavirus (HPV) vaccine to all female Grade 4 learners aged 9-14 years old.
3. Anent to this, you are requested to submit in two (2) set of hard copies of the Master List of Learners (Grade 1 and 7 Both Gender) and (Grade 4 Female Only) for SY 2021-2022. Attached are the recording forms for your reference. Deadline of submission will be on October 22, 2021.
4. Participation in CBI-related activities of the DOH (e.g., virtual coordination, consultative meetings, orientations, awareness campaigns) and conduct of health promotion advocacies for teachers, parents, and learners through appropriate platforms are greatly encouraged.
5. For information, guidance, wide dissemination and strict compliance.


LORNA G. BUGAYONG PhD, CESO V
Schools Division Superintendent

With hundred reasons to serve!



Address: San Jose Drive, Poblacion, Alaminos City, Pangasinan
Telephone Number: (075) 205 - 0644
Website: depedalaminoscity.com
Email Address: alaminos.city@deped.gov.ph



ANNEX A. Reporting Form for 2021 Community-based MR-Td Immunization

Community-based Immunization Activity
 RECORDING Form 1: MR-Td (6-7 Years Old)

Region: _____

Province/City: _____

District/Municipality: _____

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	History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of Vaccine Given			Deferred (D)/ Refused (R)	Vaccinated (V)/ Deferred (D)/ Vaccinated (V)/ Refusal (R)	Remarks
							Y	N	MR	Td				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Name and Signature of Vaccinator 1

Name and Signature of Recorder

Name and Signature of Vaccinator 2

Name and Signature of Recorder

Name and Signature of Supervisor

**Community-based Immunization Activity
RECORDING Form 3: HPV Masterlist of FEMALE 9-14 years old**

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

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	Story of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred (D)/ Refused (R)	Vaccinated (V)/ Vaccinated Refusal (VR)	Remarks
						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 Vaccinator 2 _____
 Name and Signature of Recorder _____ Name and Signature of Recorder _____

**Community-based Immunization Activity
RECORDING Form 2: MR-Td (12-13 Years Old)**

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

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	History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of Vaccine Given			Vaccinated Deferral (VD)/ Vaccinated Refusal (VR)	Remarks	
							Y	N	MR	Td	Refused (R)			
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 _____