



Republic of the Philippines  
**Department of Education**  
 Region VI- Western Visayas  
**SCHOOLS DIVISION OF SAGAY CITY**

**DIVISION MEMORANDUM**

No. 557, s. 2024

SEP 06 2024

**IMPLEMENTATION OF THE SCHOOL-BASED IMMUNIZATION PROGRAM IN ALL PUBLIC SCHOOLS FOR S.Y. 2024-2025**

To: Assistant Schools Division Superintendent  
 Chief of Education Supervisors – CID & SGOD  
 Public Schools District Supervisors  
 School Heads of Public and Private Elementary and Secondary Schools  
 All Others Concerned

1. In accordance with **Regional Memorandum No. 707, s. 2024**, the **School-Based Immunization Program (SBIP)** will be reintroduced and re-implemented after the pandemic. As face-to-face classes resume fully, learners face and increase risk of contracting vaccine-preventable diseases such as measles, rubella, tetanus, diphtheria, and human papillomavirus (HPV). To safeguard against potential outbreaks and public health crises, it is imperative to maintain a consistent immunization effort within schools. This program plays a vital role in protecting our students and fostering a healthy learning environment.

2. Hence, SDO Sagay City is pleased to announce the **Regional Launching of the School-Based Immunization Program**, which will take place at **Jose B. Puey Sr. Elementary School on September 13, 2024**. Following this launch, **vaccinations will commence in other schools starting October 7, 2024, and will continue thereafter.**

3. To ensure the successful implementation of the program, please take note of the following responsibilities:

a. **Issuance of Consent Forms:**

**All schools must issue the consent forms** to the parents/guardians of eligible learners at least two weeks before the scheduled immunization day. This allows sufficient time for them to review and sign the consent forms.

b. **Submission of Master list:**

The master list of eligible learners, specifically those in Grade 1, Grade 7, and Grade 4 (female only), must be **submitted to the Barangay Health Center counterpart of the school together with the consent**. This step is essential to ensure proper coordination and planning for the vaccination activities.

c. **Advocacy and Awareness Campaigns:**

Schools are encouraged to incorporate advocacy efforts regarding school-based immunization in the following activities:

**PTA Meetings:** Schools must conduct PTA meetings to explain to parents and guardians the benefits and potential adverse effects of vaccination, as well as the details of the consent form. Schools may coordinate with their Barangay Health Center counterparts for this activity.

**Flag Ceremonies:** Utilize flag ceremonies to raise awareness about the benefits of immunization among learners.





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d. **Preparations Before Vaccination:**

- o **Pre-Vaccination:** Advise all learners to eat before receiving their vaccines to prevent discomfort or adverse reactions.
- o **Provision of Observation Area:** Prepare a comfortable area for learners to wait and undergo the necessary observation period after vaccination.

e. **Participation of Private Schools:**

Private schools are encouraged to join the School-Based Immunization Program. Those who wish to avail, please submit a letter of request addressed to the City Mayor thru the City Health Officer, requesting for free vaccination services. This request will facilitate the inclusion of private school learners in the program.

4. **Vaccination Schedule and Coverage:**

Below is the table indicating the specific vaccines that will be administered to each grade level:

Grade Level	Vaccine(s)
Grade 1	Measles-Rubella (MR) Vaccine, Tetanus-Diphtheria (TD) Vaccine
Grade 7	Measles-Rubella (MR) Vaccine, Tetanus-Diphtheria (TD) Vaccine
Grade 4 (Females Only, 9 years old and above)	Human Papillomavirus (HPV) Vaccine

5. Please see attached the master list and consent forms for Grade 1, Grade 4, and Grade 7 learners or you may access the templates through the provided link and QR code below.

<https://tinyurl.com/53r532sb>



6. Transportation, logistics and other expenses relative to this activity are chargeable against School MOOE subject to the following usual auditing rules and regulations.

7. For clarifications and inquiries please contact Alyssa Joana A. Dagunan, Nurse II at 09094176723.

8. It is understood that in the conduct of this activity, there shall be no discrimination in the provision of such partnership on account of age, school, gender, civil status, disability, religion, or other similar factors, personal circumstances that run counter to the principles of equal opportunity.

9. Immediate dissemination and compliance of this memorandum is desired.

**MARSETTE D. SABBALUCA, CESO VI**  
Schools Division Superintendent

Number of Pages including this Document: 7 pages

Enclosure: As stated

Reference: Regional Memo. No. 707 s. 2024

To be included in the Perpetual Index under the following subjects:

**School-based Immunization**

**LEARNERS**

**HEALTH**

AJAD/memo on Implementation of The School-Based Immunization Program to All Public Schools for S.Y. 2024-2025



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental  
Telephone Nos. 488-02-15; 722-0597



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):				
<div><input type="checkbox"/> Ang aking anak ay may kasaysayan ng matinding <i>allergy</i> sa bakunang laban sa tigdas o <i>tetanus-diphtheria</i>.</div> <div><input type="checkbox"/> Ang aking anak ay may malubhang sakit:<div><input type="checkbox"/> <i>Primary immune – deficiency disease</i></div><div><input type="checkbox"/> <i>Suppressed immune response from medications</i></div><div><input type="checkbox"/> <i>Leukemia</i></div><div><input type="checkbox"/> <i>Lymphoma</i></div><div><input type="checkbox"/> Iba pang <i>generalized malignancies</i></div></div> <div><input type="checkbox"/> Wala, ang aking anak ay malusog.</div>				
PAHINTULOT SA PAGBABAKUNA				
(Pakilagyan ng ✓ ang kahon)				
<div><input type="checkbox"/> Oo, papayagan kong mabigyan ng mga serbisyong pangkalusugan ang aking anak ayon sa rekomendasyon ng DOH.<div><input type="checkbox"/> Grade 1 (MR, Td)</div><div><input type="checkbox"/> Grade 7 (MR, Td)</div></div> <div><input type="checkbox"/> Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil:<div></div></div>				
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 (HPV)

☐

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

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						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 Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Refusal	Reasons
					MCV 1	MCV 2	Y	N		Y	N	MR 1 Lot/Batch # No.	MR 2 Lot/Batch # No.	Td Lot/Batch No.				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Name & Signature of Supervisor \_\_\_\_\_

Name & Signature of Vaccinator 1 \_\_\_\_\_

REASONS FOR BEING UNVACCINATED  
(Select all that apply for the HH)

Code

Reasons

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

Reasons

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 actively sick or not feeling well

16 Do not know/ declined to respond

17 Outright refusal

18 Other (specify): \_\_\_\_\_

Name & Signature of Vaccinator 2

Name & Signature of Recorder



SCHOOL-BASED IMMUNIZATION  
Recording Form 3: Masterlist of Grade 4 Female Students

Region: \_\_\_\_\_ Name of School: \_\_\_\_\_ Section: \_\_\_\_\_

Barangay: \_\_\_\_\_ District/Municipality: \_\_\_\_\_

City/Province: \_\_\_\_\_ Date: \_\_\_\_\_

HPV:  
Number of Vaccine Received (in vials): \_\_\_\_\_  
Number of Vaccine Used (in vials): \_\_\_\_\_  
Number of Vaccine Unused (in vials): \_\_\_\_\_

To be filled out by Local Health Center / Vaccination Team						To be filled out by Vaccination Team												
1	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Date of HPV Received		Consent Slip		History of Allergies	Sick today? (fever, etc)		Vaccine Given			Deferral	Refusal	Reasons
						HPV 1	HPV 2	Y	N		Y	N	HPV 1 Lot/Batch No.	HPV 2 Lot/Batch No.				
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

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 HI)

Code Reasons

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 Reasons

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): \_\_\_\_\_

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

Region: \_\_\_\_\_ Name of School: \_\_\_\_\_ Section: \_\_\_\_\_

Barangay: \_\_\_\_\_ District/Municipality: \_\_\_\_\_

City/Province: \_\_\_\_\_ Date: \_\_\_\_\_

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

TD: \_\_\_\_\_ Number of Vaccine Received (in vials): \_\_\_\_\_  
Number of Vaccine Used (in vials): \_\_\_\_\_  
Number of Vaccine Unused (in vials): \_\_\_\_\_

To be filled out by Local Health Center / Vaccination Team					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 Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given				Deferral	Refusal	Reasons
					MCV 1	MCV 2	Y	N		Y	N	MR1 <small>Lot/Batch In No.</small>	MR 2 <small>Lot/Batch In No.</small>	Td <small>Lot/Batch In No.</small>				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

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 Reasons

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

Code Reasons

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): \_\_\_\_\_