



Republic of the Philippines
Department of Education
 Negros Island Region
SCHOOLS DIVISION OF SAGAY CITY

DIVISION MEMORANDUM
 No. **535**, s. 2025

September 04, 2025

**IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION (SBI) PROGRAM
 FOR SY 2025-2026**

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

1. In line with the joint program of the Department of Health (DOH) and the Department of Education (DepEd) for the prevention of Vaccine-Preventable Diseases (VPDs), the Schools Division of Sagay City, in partnership with the City Health Office, shall implement the School-Based Immunization (SBI) Program for School Year 2025–2026.
2. The School-Based Immunization Program aims to protect learners from vaccine-preventable diseases (VPDs) such as measles, rubella, tetanus, diphtheria, and human papillomavirus (HPV). Ensuring the continued delivery of immunization in schools is essential to prevent outbreaks and to promote a healthy learning environment.
3. To ensure the successful implementation of the program, schools are enjoined to extend their full support to the School-Based Immunization Program with the following responsibilities:
 - a. Submit the master list of eligible learners (Grade 1, Grade 7, and Grade 4 Female learners aged 9 years old and above) to the Local Health Center counterpart.
 - b. Conduct advocacy and awareness campaigns.
 - b.1. PTA Meetings – Discuss the benefits and possible side effects of vaccines. Schools may request assistance from the local barangay health center.
 - b.2. Flag Ceremonies – Raise awareness among learners on the importance of immunization.
 - b.3. Classroom Lectures – Integrate discussions on immunization in relevant subjects.
 - c. Disseminate notification letters and Consent Forms to the parents/guardians of eligible learners as soon as possible.
 - d. Preparations Before Vaccination
 - d.1. Ensure that all learners have eaten before vaccination to minimize the risk of adverse reactions.
 - d.2. Provide a comfortable observation area for learners after vaccination.
 - e. Private schools interested in participating in the School-Based Immunization Program may submit a letter of request addressed to the City Mayor, through the City Health Officer, to avail of the free vaccination services.

4. The target beneficiaries, vaccines, and coverage are summarized below:

Grade Level	Vaccine(s)	Schedule of vaccination
Grade 1	Measles-Rubella (MR) Vaccine, Tetanus-Diphtheria (TD) Vaccine	To be announced





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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/3k38v78d>



6. For clarifications, you may contact Alyssa Joana A. Dagunan, Nurse II, at 09094176723.

7. 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.

8. Immediate dissemination and compliance of this Memorandum is desired.

DANNIE CLARK M. UGUL
 Assistant Schools Division Superintendent
 Officer-in-Charge
 Office of the Schools Division Superintendent



Enclosure : none
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 LEARNERS IMMUNIZATION HEALTH
 FN: AJAD/SGOD



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

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

Region: _____ Name of School: _____ Section: _____

MR:

Td:

Barangay: _____ District/Municipality: _____

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): _____

City/Province: _____ Date: _____

To be filled out by Local Health Center / 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
					Y	N		Y	N	MR	Lot/Batch No.	Td			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

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 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 2: Masterlist of Grade 7 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

1	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
						Y	N		Y	N	MR	Lot/Batch No.	Td			
2																
3																
4																
5																
6																
7																
8																
9																
10																

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code	Reasons	Code	Reasons
1	Parent was absent/ away from home	10	Lack of trust in the vaccinator
2	Fear of vaccine Side effect	11	Child just recovered from illness or just discharged from the hospital, the parent/ caregiver refused:
3	Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)	12	Unaware of the campaign
4	Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused	13	Vaccine team did not visit
5	Fear of COVID transmission	14	Child was from a different area
6	Vaccine perceived to be not effective, of low-quality or on near-expiry	15	Child was acutely sick or not feeling well
7	Client is a newborn and parents believed that her/his child is too young to be given vaccination	16	Do not know/ declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs, thus parents/ caregiver refused	17	Outright refusal
9	Peculiar personal beliefs or misconceptions of the parents or caregiver on vaccination; Against religious beliefs	18	Other (specify):

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																			

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 |
| 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 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): |



Republika ng Pilipinas
Rehiyon VI



LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____
PAARALAN: _____
ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pamublikong 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*, at Humanpapilloma Virus (HPV) vaccine sa mga babaeng *Grade 4* 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 2025 - 2026. 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:	Unang Pangalan:	Gitnang Pangalan:	/ /	
Impormasyon sa Pakikipag-ugnayan			Edad	Kasarian
Contact Number:	Pangalan ng Paaralan:			
PRE-VACCINATION CHECKLIST (Para sa magulang / tagapag-alaga na kumpletuhin)				
<p>Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humingi ng sertipikasyon galing sa inyong doktor kung ito ay may anumang sumusunod na kalagayan (mangyaring lagyan ng tsek (✓) ang anumang kondisyon na mayroon ang bata):</p> <ul style="list-style-type: none"> • Ang aking anak ay may kasaysayan ng matinding <i>allergy</i> sa bakunang laban sa tigdas o <i>tetanus-diphtheria</i>. • Ang aking anak ay may malubhang sakit: <ul style="list-style-type: none"> • <i>Primary immune – deficiency disease</i> • <i>Suppressed immune response from medications</i> • <i>Leukemia</i> • <i>Lymphoma</i> • Iba pang <i>generalized malignancies</i> • Wala, ang aking anak ay malusog. 				
PAHINTULOT SA PAGBABAKUNA				
<p>(Pakilagyan ng ✓ ang kahon)</p> <ul style="list-style-type: none"> • Oo, papayagan kong mabigyan ng mga serbisyong pangkalusugan ang aking anak ayon sa rekomendasyon ng DOH. <ul style="list-style-type: none"> • Grade 1 (MR, Td) • Grade 4 (HPV) • Grade 7 (MR, Td) • Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil: _____ <p>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.</p> <p style="text-align: center;">_____ Pangalan at Lagda ng Magulang/Tagapag-alaga</p>				



Republika ng Pilipinas
Rehiyon VI



LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____
PAARALAN: _____
ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pamublikong 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 2025 - 2026 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:	Unang Pangalan:	Gitnang Pangalan:	/ /	
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 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.
 - Human Papillomavirus (HPV) Vaccine
- 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