



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

July 18, 2025

DIVISION MEMORANDUM

No. 190 s. 2025

**IMPLEMENTATION OF THE SCHOOL-BASED IMMUNIZATION (SBI)
PROGRAM IN THE SDO SORSOGON PROVINCE FOR THE SCHOOL YEAR
2025-2026**

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. Pursuant to the Department of Education's mandate to safeguard the health and well-being of learners, and in close collaboration with the Department of Health (DOH), the Schools Division of Sorsogon Province shall implement the School-Based Immunization (SBI) Program for School Year 2025-2026.
2. This initiative is part of the National Immunization Program (NIP) of the Department of Health (DOH) and aims to reduce the incidence of vaccine-preventable diseases among school-aged children through safe and effective immunization within school settings.
3. The following learner groups are eligible for vaccination:
 - Grade 1 Learners- Measles-Rubella (MR) and Tetanus-Diphtheria (Td)
 - Grade 4 Female Learners, (9 years old)- Human Papillomavirus (HPV) Vaccine
 - Grade 7 Learners- Measles-Rubella (MR) and Tetanus-Diphtheria (Td)
4. During the preparatory activities, the school head in coordination with the school nurse and LGU health center will provide the master list of learners using the recording form 1, 2, and 3 (enclosed in Annex A) to their local health center on or before **July 25, 2025**. Also, Parental Consent Forms shall be distributed to the parents during school orientation or prior to the scheduled immunization. Only learners with duly signed parental consent forms shall be allowed to participate in the program. The Recording Form 1, 2, 3 and Consent Form templates can be downloaded on this link:
<http://bit.ly/446pXoT>



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Email: sorsogon@deped.gov.ph
Website: depedsorsogon.com.ph



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5. Health professionals from Department of Health, Provincial Health Office, Rural Health Unit's or School Health Section shall conduct orientation sessions and distribute Information, Education and Communication (IEC) materials to ensure parents/guardians are well-informed of the benefits and safety of vaccines.
6. The LGU, DOH, and DepEd Personnel shall conduct coordination meeting, planning, demand generation, screening, vaccination, reporting of adverse reaction following immunization management, catch up immunization and other technical assistance needed to the schools.
7. There will be an updates and orientation session on the implementation of the School-Based Immunization (SBI) Program for this year. This activity will be attended by the Schools Division Medical Officer, School Nurses from the School Health Section, and School Nurses from Implementing Units (IUs) on **July 30, 2025 (Wednesday), 8:00am-5:00pm** at Boffin Building, Sorsogon Provincial Hospital Compound, Macabog, Sorsogon City which will be facilitated by Provincial Health Office-Sorsogon.
8. The school head shall coordinate with the local health center and school nurses on implementation of SBI and on their agreed schedule of Immunization activity and suggest the set-up of temporary vaccination post within the school premises; In case of severe adverse reaction following immunization must be also immediately reported to school nurse or nearest health center.
9. Prior to conduct of SBI activity on August 2025, the school head shall accomplish the SBI Readiness Assessment Tool link on or before **July 31, 2025: <https://web.inform.unicef.org/x/KSPtSCPs>**.
10. Travel and other incidental expenses incurred are chargeable to local funds/MOOE subject to the usual accounting and auditing rules.
11. For information, guidance, and strict compliance of all concerned.


JOSE L. DONCILLO, CESO V
Schools Division Superintendent
 

ANNEX A

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

Region: _____ Name of School: _____ Grade/Section: _____
 Barangay: _____ District/Municipality: _____ Class Adviser: _____
 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 Received		Consent Slip		History of Allergies	Sick today? (Fever, etc)		Vaccine Given					Deferral	Refusal	Reasons
					MCV 1	MCV 2	Y	N		Y	N	MR1	Lot/Batch No.	MR 2	Lot/Batch No.	Td			
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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 101)

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 Child 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 3: Masterlist of Grade 4 Female Students

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

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/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 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.			
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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 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 2: Masterlist of Grade 7 Students

Region: _____ Name of School: _____ Grade/Section: _____

Barangay: _____ District/Municipality: _____ Class Adviser: _____

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/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		Consent Slip		History of Allergies	Sick today?		Vaccine Given						Deferral	Refusal	Reasons
					MCV 1	MCV 2	Y	N		Y	N	MR1	Lot/Batch No.	MR 2	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 RHT)

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
10. 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 parent/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): _____



LIHAM NG PAUNAWA



PETSA: _____

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*, 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 / School Nurse/RHU/ Barangay Health Center sa inyong lugar.

Maraming salamat po.

Taos-pusong sumasainyo,
Punong Guro: _____

PAGBIBIGAY NG PAHINTULO

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)				
<i>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:</i>				
<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.				

☐ OO, papayagan kong mabigyan ng mga serbisyong pangkalusugan ang aking anak ayon sa rekomendasyon ng DOH.

- ☐ 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:

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

Government of Sorsogon
PROVINCIAL HEALTH OFFICE



July 16, 2025

- 0917-139-3376
Province 1

JOSE L. DONCILLO, CESO V
Schools Division Superintendent
DepEd Sorsogon Province Division
Balogo, Sorsogon City

Thru: **Belardo G. Hadap, Jr., MD**
Medical Officer III

DEP-ED DIVISION OFFICE
SORSOGON, CITY
C PROVINCE 3

RECEIVED: JUL 16 2025

RELEASED: JUL 21 2025

Dear Sir Doncillo,

Greetings of health!

In line with our commitment to protect and promote the health and well-being of every Sorsoganon, the Provincial Health Office-Field Health Services National Immunization Program will conduct an orientation on **2025 School Based Immunization (SBI) on July 30, 2025 at Boffin Building, SPH Compound, Macabog, Sorsogon City from 8:00 am to 5:00 pm.**

In this regard, may we invite your **Schools Division Medical Officer III** and **28 School Nurses both in elementary and secondary schools** to attend the aforementioned activity.


Should there be any questions, please contact **Susan L. Dino, Provincial NIP Coordinator at Cellphone number 09171393376.**

Thank you very much and your continued support is highly appreciated.

Very truly yours,


SUSAN DINO, RN
Nurse II/NIP Provincial Coordinator

Noted by:


RENATO B. EOLO JR., MD, MHA, CHA, FPSHA
PGDH Provincial Health Officer II

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