



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

Division Memorandum

No. 21, s 2021

To: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
School Health Personnel
Public Elementary and Secondary Teachers
All Others Concerned

Date: October 06, 2021

Subject: **SUPPORT ON THE IMPLEMENTATION OF COMMUNITY-BASED IMMUNIZATION PROGRAM (MEASLES RUBELLA TETANUS DIPHTHERIA) FOR SY 2021-2022**

1. The implementation of School-Based Immunization (SBI) was interrupted in 2020 due to COVID 19 pandemic wherein physical classes were suspended. This year, the Department of Education (DepEd), in collaboration with the Department of Health (DOH) as the lead agency, shall shift the implementation of SBI to Community-Based Immunization (CBI).

2. All Elementary and Secondary Schools shall take part in the Campaign and provide the needed Master list of all Grade 1 pupils enrolled aged 6-7 and Grade 7 students enrolled aged 12-13 for the Community-Based immunization on Measles-Rubella (MR) and Tetanus-Diphtheria(Td) by the Rural Health Units(RHU) in their respective community post/school sites.

3. **Enclosure no.1** (Recording form 1 (6-7 years old) for Grade 1 learners enrolled) and **Enclosure no.2** (Recording Form 2 (12-13 years old) for Grade 7 learners enrolled) shall be utilized for the master listing and to be submitted to their nearest health center/RHU's on or before **October 13, 2021**, copy furnished the District Office of Public Schools District Supervisors and District Nurses for validation and consolidation. Soft copy of master list forms can be also downloaded on this link: <https://bit.ly/3Bl6jou>

Sorsogon Sports Complex, Balogo, Sorsogon City, Sorsogon 4700 .

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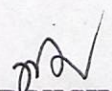

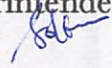
CIP 5461/21/05/1163



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4. Likewise, the School Health Personnel shall conduct health promotion advocacies for teachers, parents and learners through appropriate platforms and participate in CBI-related activities of the DOH. The participation of the School Health Personnel in the vaccination shall be on voluntary basis and shall only be assigned under the Fixed Site Administrative approach as stated in the QUA MEMO 00-0921-0236 Memorandum dated September 22, 2021.

5. For information, guidance and compliance.


JOSE L. DONCILLO, CESO V
Schools Division Superintendent
 

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Enclosure No. 1 (ANNEX A. Reporting Forms for 2021 Community-based MR Td Immunization)

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

Region: _____

Province/City: _____

School: _____

District/Municipality: _____

<i>to be filled up by the Teacher/Adviser</i>						<i>to be filled up by the Vaccination Team</i>							
No.	Name(1) Surname, First Name , MI.	Complete Address(2)	Date of Birth MM/DD/YY	Age	Sex	History of Allergies(food,me ds,previous immunization)	Sick today(fever)		Date of Vaccine Given		Deferred(D)/Refused.(R)	Vaccinated Deferral(VD)/V accinated Refusal(VR)	Remarks
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Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Prepared By: _____

Name and Signature of Supervisor(Vaccination)

Name and Signature of Recorder

Name and Signature of Recorder

Enclosure No. 2 (ANNEX A. Reporting Forms for 2021 Community-based MR Td Immunization)

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

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

<i>to be filled up by the Teacher/Adviser</i>						<i>to be filled up by the Vaccination Team</i>						Remarks	
No.	Name(1) Surname, First Name , MI.	Complete Address(2)	Date of Birth MM/DD/YY	Age	Sex	History of Allergies(food,me ds,previous immunization)	Sick today(fever)		Date of Vaccine Given		Deferred(D)/Refused.(R)		Vaccinated Deferral(VD)/V accinated Refusal(VR)
							Y	N	MR	Td			
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Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Prepared By: _____

Name and Signature of Supervisor(Vaccination)

Name and Signature of Recorder

Name and Signature of Recorder