

School-Based Immunization RECORDING Form 1: Masterlist of Grade 1 Students

Region: _____ Name of School: _____
 Province/City: _____ Division: _____
 District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
 MR
 Lot No: _____
 Batch No: _____
 TD
 Lot No: _____
 Batch No: _____

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Date of previous MCV received		Parent's Response Slip	History of allergies (food, meds, immunization)	Sick today? (fever, etc)		Vaccine Given			Refusal	Reasons
						Zero dose	MCV 1			MCV2	Y	N	MCV1	MCV2		
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 _____



**School-Based Immunization
RECORDING Form 2: Masterlist of Grade 7 Students**

Region: _____
 Province/CIY: _____
 District/Municipality: _____

Name of School: _____
 Division: _____
 Date: _____
 Section: _____

To be filled up by the Vaccination Team
 MR: _____
 Lot No: _____
 Serial No: _____
 TD: _____
 Lot No: _____
 Batch No: _____

No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parent Response		History of allergies (food, meds, previous immunization MR/CR)	Sick today? (year)		Last Menstrual Period (for females only)	Potentially Pregnant (Y/N)	Vaccine given		Deferred	Refusal	Reason for refusal
						Y	N		Y	N			MR (1 arm)	TD (1 arm)			
1																	
2																	
3																	
4																	
5																	
6																	
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8																	
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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 _____



