

**School-Based Immunization
RECORDING FORM 1: Masterlist of Grade 1 Students**

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team

MR

Lot No: _____

Batch No: _____

Td

Lot No: _____

Batch No: _____

To be filled up by the School Nurse/Class Adviser										To be filled up by the School Nurse/Recorder								
No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth	Age	Sex	Check for Previous MCV received			Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick Today? (fever, etc)		Vaccine Given			Refusal	Reasons
			MM/DD/YY			Zero dose	MCV 1	MCV 2	Y	N		Y	N	MCV 1 (R arm)	MCV 2 (R arm)	Td (L arm)		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Name & Signature of Class Ad: Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

Noted By:

Name & Signature of School Principal/School Head

School-Based Immunization
RECORDING FORM 3: Masterlist of Grade 7 Students

Region: _____ Name of School: _____ Section: _____

Province/City: _____ Division: _____

District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team

MR

Lot No: _____

Batch No: _____

Td

Lot No: _____

Batch No: _____

To be filled up by the School Nurse/Class Adviser							To be filled up by the School Nurse/Recorder										
No	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth	Age	Sex	Parent's Response Slip		History of allergies (food, meds, previous immunization)	Sick Today? (fever, etc)		Last Menstrual period (for females only)	Potentially Pregnant (Y/N)	Vaccine Given		Deferred	Refusal	Reasons for Refusal
			MM/DD/YY			Y	N		Y	N			MR (R arm)	Td (L arm)			
1																	
2																	
3																	
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14																	
15																	

Name & Signature of Class Adviser

Name & Signature of Supervisor

Name & Signature of Vaccinator 1

Name & Signature of Vaccinator 2

Name & Signature of Recorder

Noted By:

Name & Signature of School Principal/School Head