



Department of Education  
Region X- Northern Mindanao  
**DIVISION OF MALAYBALAY CITY**  
Purok 6, Casisang Malaybalay City



525  
DepEd-MALAYBALAY CITY DIVISION  
July 30, 2015 **RELEASED**

Date: JUL 30 2015 Time: 1:52  
Signature: [Handwritten Signature]

**DIVISION MEMORANDUM**  
No. 265 s. 2015

**ADHERENCE TO NATIONAL SCHOOL-BASED IMMUNIZATION PROGRAM**

**To:** Chief Education Supervisors CID and SGOD  
Education Program Supervisors  
Public Schools District Supervisors  
Coordinating Principals/District OICs  
Elementary /Secondary School Heads  
This Division

1. In adherence to Department of Health memorandum no. 2015-0146 dated May 20, 2015 re: **GUIDELINES ON THE IMPLEMENTATION OF NATIONAL SCHOOL-BASED IMMUNIZATION PROGRAM** this Office informs all concerned of the schedule of vaccination for **Grades I and VII** in public schools in this Division. Please find enclosed **GUIDELINES ON THE IMPLEMENTATION OF NATIONAL SCHOOL-BASED IMMUNIZATION PROGRAM** and **Schedule of Vaccination August 3- 28, 2015** in school/barangay.

2. To ensure smooth implementation of the program it is requested that all SHs and school focal persons shall undertake measures to coordinate with representatives and local partners of the DOH, DILG and DepEd prior to the scheduled activity. **This collaborative endeavor shall be monitored by personnel of the DOH and DEPED central, regional and Division offices.**

3. It is reiterated that **parents' consent be secured** prior to the vaccination and **school personnel shall make certain eligible students have taken their snacks/food**, to rule out fainting secondary to hypoglycemia. Enclosed records and reports related to the program may be downloaded and submitted to the Division Office through the District Offices within three (3) days from scheduled school vaccination.

3. Immediate action and compliance is desired.

  
**EDILBERTO L. OPLENARIA, CESO VI**  
Schools Division Superintendent



### IMMUNIZATION SCHEDULE

- August 3 - Sumpang ES, Kalasungay ES  
August 4 - Sumpang ES, Can-ayan, Kalasungay ES  
August 5 - Sumpang Central School, Tag-ilanao, Dalwangan Damitan ES  
August 10 - Magsaysay, Linabo CS, Tintinaan, Casisang Aves ES, Sta. Ana, Dapulan, Panamukan ES, Aves, Patpat ES, Magsaysay ES, Kalasungay NHS, Busdi, Silae ES  
August 11 - Casisang National High and MCCS, Langgasihan ES, Can-ayan, Annex Casisang HS, Calawag, Binalbagan, Mabuhay ES, Dalwangan ES, Patpat ES, Kibalabag, St. Peter ES, Caburacanan, Kulaman, Zamboanguita, Imbayao Grade 7  
August 12 - San Martin ES, Simaya  
August 13 - Laguitas, Mapayag, Managok HS, Sawaga ES, Malaggap ES, Candiisan, Apo Macote, Bangcud ES, Laguitas ES, Mapayag ES, Silae HS, St. Peter HS, Indalasa  
August 14 - BCT, Kibalabag, Baganao, Managok HS, Paiwaing, Bangcud HS, Tuburan, Mapulo,  
August 17 - BNHS Main, Cabangahan, Bendulan, Miglamin ES, Lalawan HS Annex, Lalawan ES & HS, Natid-asan ES, San Jose ES, Natid-asan ES, Cabangahan ES, Bendulan ES, Dalwangan ES, Imbayao Grade 1  
August 18 - Brgy 9 Elementary, BNHS Main, Manalog, Miglamin HS, San Roque ES, Kilap-agan, Casisang ES, Apo Macote HS, San Jose ES, Casisang ES, BNHS Dalwangan Annex,  
August 20 - Aglayan, Aglayan ES  
August 24 - BNHS Main, MCNSH, Lunokan ES, Maligaya ES, Padernal ES, MCNHS, New Ilocos ES, MNCSHS, Balangbang ES, Bagong Silang ES  
August 25 - BNHS Main, Balangbang, Matangpatang ES, San Martin AINHS, MCNHS, Capitan Anghel ES, Dumayan ES  
August 26 - MCNHS, Dumayan ES  
August 27 - Managok CES  
August 28 - Managok CES



Telephone Nos.: (08822) 727836; 722651; 727232 / Telefax Nos.: (08822) 720865; 710382; 711654

**REGIONAL MEMORANDUM**

No. 53, s. 2015

TO : The Schools Division Superintendents  
Heads, Public Elementary and Secondary Schools

FROM : **ATTY. SHIRLEY O. CHATTO**  
Chief Administrative Officer  
Officer In-Charge  
Office of the Regional Director

DATE : July 21, 2015

SUBJECT : **GUIDELINES ON THE IMPLEMENTATION OF SCHOOL-  
BASED IMMUNIZATION PROGRAM**

1. For the information and guidance of all concerned, enclosed is DOH Department Memorandum No. 2015-0146 dated May 20, 2015 re "*Guidelines on the Implementation of School-Based Immunization Program*", the contents of which are self-explanatory.
2. Schools Division Superintendents (SDSs) and other school officials are enjoined to provide full support in the conduct of the said activity.
3. Parental consent must be secured prior to the conduct of the vaccination.
4. For details, please refer to the attached Memorandum.
5. Immediate and wide dissemination of this Memorandum is desired.

Reference: DOH Department Memorandum No. 2015-0146



# Republic of the Philippines Department of Education

Tanggapan ng Kalihim  
Office of the Secretary

DepED MEMORANDUM

No. \_\_\_\_\_, s. 2015

## GUIDELINES ON THE IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM

To : Bureau Directors  
Directors of Services, Centers and Heads of Units  
Regional Directors  
Schools Division/City Superintendents  
Heads, Public Elementary and Secondary Schools  
All Others Concerned

1. The Department of Education (DepEd) supports the **School-Based Immunization Program** of the Department of Health (DOH) as the government's response to ensure prevention of morbidity and mortality of school age children due to vaccine-preventable diseases.
2. This Program aims to immunize all school children and adolescence enrolled in Grades 1, 4 and 7 with DOH recommended appropriate vaccines: *Measles-Rubella (MR)*, *tetanus Diphtheria (Td)*, and *Human Papillomavirus Vaccines (HPV)*.
3. In School Year (SY) 2013-2014, the DOH, in collaboration with DepEd, piloted the School-Based Immunization Program through the provision of *MR* and *Td* vaccines to Grades 7-10 students in public secondary schools of selected priority provinces and cities. This coming SY 2015-2016, an *expanded nationwide coverage* shall be done with *MR* and *Td* vaccines to be given to all Grade 7 students. *Td* and *MR* containing vaccines will also be given to all Grade 1 pupils. *HPV* will be piloted to cover all 9 year-old Grade 4 female pupils in public elementary schools of the selected priority provinces listed in Enclosure No. 1.
4. The DOH, in cooperation with DepEd, among other government and non-government organizations have come up with the Guidelines on the Implementation of the School-Based Immunization contained in Enclosure No. 2.



Republic of the Philippines  
Department of Education

**Tanggapan ng Kalihim**  
Office of the Secretary

5. Regional Directors (RDs), schools division superintendents (SDSs) and other school officials are enjoined to provide full support in the conduct of the said activity. Health and nutrition personnel are expected to coordinate with DOH regional and provincial health offices for the implementation of the school-based vaccination program. This activity shall be monitored by the DOH and by the DepEd central, regional and schools division offices.
6. Parental consent must be secured prior to the conduct of the vaccination.
7. For more information, all concerned may contact
  - **Ms. Girlie Azurin, Education**  
Education Program Specialist II  
School Health and Nutrition Center  
Dorm E, department of Education  
DepEd Complex Meralco Avenue, Pasig City  
Telephone no.: (02) 632-9935  
Mobile Phone Nos.: 0919-813-2519; 0932-345-4942
  - **Dr. Minerva Vinluan**  
Medical Specialist IV  
National Adolescent Health and Development Coordinator  
Department of Health (DOH), Building 1  
San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila  
Telephone no.: (02) 651-7800 local 1728  
Mobile Phone No.: 0917-515-6927  
Email Address: [osec@doh.gov.ph](mailto:osec@doh.gov.ph)  
Website Address: <http://www.doh.gov.ph>
8. Immediate dissemination of this Memorandum is desired.

**BR. ARMIN A. LUISTRO FSC**  
*Secretary*

**20 PRIORITY PROVINCES**

- |                   |                       |
|-------------------|-----------------------|
| 1. Pangasinan     | 11. Negros Occidental |
| 2. Ifugao         | 12. Negros Oriental   |
| 3. Apayao         | 13. Cebu              |
| 4. Masbate        | 14. Maguindanao       |
| 5. Camarines Sur  | 15. Lanao del Sur     |
| 6. Quezon         | 16. Zamboanga del Sur |
| 7. Leyte          | 17. Sulu              |
| 8. Eastern Samar  | 18. Davao Oriental    |
| 9. Northern Samar | 19. Sarangani         |
| 10. Iloilo        | 20. North Cotabato    |



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

May 20, 2015

**DEPARTMENT MEMORANDUM**  
No. 2015 - 0146

**FOR : ALL UNDERSECRETARIES, ASSISTANT SECRETARIES,  
DIRECTORS OF BUREAUS, REGIONAL DIRECTORS,  
SERVICES, CHIEFS OF MEDICAL, CENTERS,  
SPECIALTY HOSPITALS**

**SUBJECT : Guidelines on the Implementation of School-Based  
Immunization**

**I. RATIONALE**

The Expanded Program on Immunization (EPI) has focused on the provision of free vaccines for infants since 1975. However, protection provided by some of these vaccines will decline over time and booster doses are required to ensure high levels of protection are maintained (for example diphtheria, whooping cough and tetanus). A booster dose anytime after primary series will provide protection over a longer period of time and new vaccines such as the human papillomavirus (HPV) vaccine are more effective if delivered at a specific age. With the availability of newer vaccines (e.g. human papillomavirus (HPV)) and greater attention to providing booster doses of routine vaccines to older children (e.g. DPT, 2nd dose of measles), the school immunization strategy will become even more promising. Thus, it is important that health service providers take every available opportunity to deliver vaccines and start vaccination for the schoolchildren and adolescents enrolled.

The Department of Health (DOH), in collaborations with the Department of Education (DepEd) and Department of Interior and Local Government (DILG) through their various local health units conducted the First National School-Based Adolescent Immunization for the newly introduced vaccines among the students of selected public secondary school in 2013, where high risk and vulnerability, based on behavior and potential for outbreak in school and community were observed. Three (3) vaccines were introduced: the combination Measles Rubella (MR), Tetanus-diphtheria (Td) and the Human Papillomavirus (HPV) vaccines in which MR and Td were introduced as an integral immunization strategy toward the eliminations of measles and tetanus and the control of mumps, rubella and diphtheria, while HPV was introduced as one component in the comprehensive strategy in the prevention of cervical cancer.

In 2013, school-based adolescent immunization using Measles-Mumps-Rubella (MMR) and Tetanus Diphtheria (Td) vaccines was conducted (78.68% immunization coverage) in selected 19 cities and 15 provinces nationwide where cases of these vaccine preventable diseases were reported. In the same year, HPV immunization was successfully piloted in selected schools covering 10,000 children ages 10-14 years old with the 3-dose regimen of the HPV.

Due to an increasing demand of this catch-up immunization for schoolchildren and adolescents especially among the less priority areas, DOH come up with a routine immunization plans for these mentioned population groups as defined in this guidelines.

## **II. COVERAGE**

To immunize school children enrolled in Grade 1, Grade 4 and Grade 7 with the DOH recommended appropriate vaccines.

## **III. GENERAL GUIDELINES**

1. All school children enrolled in Grade 1, Grade 4 and Grade 7 shall be vaccinated with the appropriate vaccines as specified:
  - 1.1 All eligible school children (male and female) should be:
    - a. Screened for their measles vaccination history at the time of school entry and vaccinated if evidences show either zero or only 1 dose to ensure that these students received at least 2 MCV by school entry. (Other missed antigens shall be administered, but optional).
    - b. Administered with one (1) dose of Tetanus-diphtheria (Td) vaccines.
  - 1.2 All 9 to 13 years old, female school children enrolled in Grade 4 shall be vaccinated with 2-dose quadrivalent HPV following the DOH recommended immunization schedule.
  - 1.3 All male and female students enrolled in Grade 7 regardless of age shall be vaccinated with 1 dose each of Measles-Rubella (MR) and Td vaccines on the same immunization session.
2. School-based vaccination shall be a FREE routine service to be administered by the health center catchment and the schools.
3. *Only Students with parental/guardian consent* shall be vaccinated.
4. In case of zero or 1 dose or vaccination refusal, or no immunization card presented the student shall not be suspended, grounded, nor reprimanded



#### IV. SPECIFIC GUIDELINES

##### a. Vaccination for Grade 1 students by school entrance

- All Grade 1 clinic teachers/school nurses shall issue notification letter of health services to be received by the students including immunization upon enrollment.
- All parents/guardians of the enrolled students are encouraged to bring the immunization card within 1 month after enrollment.
- Clinic teacher shall list all the enrolled students in Grade 1 using Recording Form 1 (Masterlist of Grade 1).
- The teacher in-charge, clinic teachers/school nurse shall submit the completed Recording Form 1 to the RHU/MHO.
- **Students with recorded 2 doses of MCV: DO NOT VACCINATE**
- Students with zero dose (0) of MCV or no immunization card: Give the 1<sup>st</sup> dose of MCV (0.5ml Subcutaneous, right deltoid), and another dose at least 1 month after.
- Student with only 1 dose of MCV: give the MCV dose
- All students shall receive Td 0.5 ml, deep Intramuscular, left deltoid
- Follow-up of Deferred Students for MR vaccines: Teacher-in-charge shall follow-up the deferred students for vaccination but willing to be vaccinated and *refer* to RHU/MHC for the MCV dose within 2 weeks after the scheduled vaccination in school vaccination in school or as appropriate.
- Students who will be referred and vaccinated at the RHU shall be accompanied by the School Nurse and shall be included in the consolidated accomplishment report of the RHU.
- All students who receive the MCV and Td vaccines shall be recorded in Recording Form 1.

##### b. Vaccination for Grade 4, Female, 9 -13 years o

- All 9-13 years old female students in Grade 4 *with parental/guardian consent* shall be vaccinated with 2-doses of the quadrivalent Human Papilloma Virus (HPV) vaccine in the designated immunization posts in all public schools.
- All students shall receive HPV 0.5 ml, Intramuscular, left deltoid arm
- All students who received the first dose of HPV and shall be given the second dose after 6 months
- All students who receive the HPV vaccine shall be recorded in Recording Form 2

**c. Vaccination for Grade 7 Students with Td and MR**

- All males and females shall be vaccinated with both MR and Td vaccine in the designated immunization post and record in the Recording Form 3.
- Students with parental/guardian *consent*, to be vaccinated but were missed during the scheduled immunization should be followed-up and referred to the health center catchment for the needed vaccination.
- Health workers shall be sensitive in asking questions about history of sexual activities.
- Students who received the Td and MR vaccines, refused for vaccination shall be recorded in the Recording Form 3.
- All students shall receive the MR vaccine, 0.5 ml, subcutaneous, right - deltoid arm and the Td vaccine, 0.5 ml, intramuscular, left-deltoid arm.

**d. Vaccine Storage and Transport**

- DOH shall continuously provide the MR, HPV and Td vaccines to all regions following the proper storage of the vaccines. MR, HPV and Td vaccines shall be stored at +2°C to +8°C during immunization session
- MR vaccine shall be discarded after 6 hours of reconstitution
- Td vaccine follows the multi-dose vial policy. An open vial of Td vaccine may be used in subsequent sessions (28 days) after it has been opened provided the following conditions are met:
  - a. Expiry date has not passed;
  - b. Vaccines are stored under appropriate cold chain conditions;
  - c. Vaccine vial septum has not been submerged in water;
  - d. Aseptic technique has been used to withdraw all doses;
  - e. Vaccine Vial Monitor (VVM) is intact and has not reached the discard point
  - f. Date is indicated when the vial was opened.

**e. Immunization Safety**

Special precautions must be instituted to ensure that blood-borne diseases are not transferred to other persons. This shall include:

- Always use the auto-disable syringe (AD) in all immunization sessions.
- Do not pre-filled syringes.
- Do not recap needles.
- Dispose used syringes and needles into the safety collector box.
- Proper disposal of safety collector boxes with used immunization wastes through the recommended appropriate final disposal for hazardous wastes.
- Use of aspirating needles and pre-filling of syringes are strictly prohibited.
- Used needles and syringes, empty vaccine vials, used cotton balls are considered infectious and shall be disposed in the recommended appropriate disposal of infectious/biological wastes

## f. Recording and Reporting Accomplishment Reports

- For each level of vaccination schedule, an appropriate recording and reporting forms shall be completed and submitted from the service delivery point to the next higher administrative level.
- Flow of submission of Reports (*please see attached annexes*)
- Accomplishment Reports shall be submitted by the DOH Regional Offices to the DOH National Office after 2 weeks

## g. Adverse Events Following Immunizations

- Fear of injections resulting to fainting has been commonly observed in school immunization. Thus it is recommended that the vaccination sites are situated in areas not conspicuous to the students. Immunization session shall be conducted after recess to ensure that these eligible students have taken their snacks/food to rule-out fainting secondary to hypoglycemia.
- The schools shall identify a medical team responsible for management and response of any AEFI. This can be coordinated with the local health unit, with the province/city/municipality for the schedule of the immunization in schools.
- The existing DOH guidelines in AEFI investigation, recording and reporting shall be used for this purpose.
- *Anaphylaxis Response Kit*: The availability of protocols, equipment and drugs necessary for the management of anaphylaxis should be checked before each vaccination session. An anaphylaxis response kit should be on hand at all times and should contain the following:
  - > Epinephrine 1:1000 (minimum of three ampules – check expiry dates)
  - > Minimum of three 1 mL syringes and 25 mm length needles (for intramuscular [IM] injection)
  - > Cotton swabs
  - > Pen and paper to record time of administration of epinephrine
  - > Copy of epinephrine doses
  - > Copy of 'Recognition and treatment of anaphylaxis'
- Give epinephrine as indicated:

Drug, Site and route of administration	Frequency of administration	Dose (Adult)	Dose (child)
Epinephrine 1:1000, IM to the midpoint of the anterolateral aspect of the middle 3 <sup>rd</sup> of the thigh immediately	Repeat in every 5-15 min as needed until there is resolution of the anaphylaxis <i>Note: Persisting or worsening cough associated w/ pulmonary edema is an important sign of epinephrine overdose &amp; toxicity</i>	0.5 ml	According to age; < 1 years: 0.05 ml 2-6 years: 0.15 mL 6-12 years: 0.3 mL Children >12 years: 0.5 ml

\*Note: The needle used for injection needs to be sufficiently long to ensure that epinephrine is injected into muscle. This treatment guide is optional & countries may practice their own country-specific protocols for treatment of anaphylaxis with drugs of choice, steps to be followed and etc.

- If the patient is conscious after the epinephrine is given, place the head lower than the feet and keep the patient warm.
  - Give oxygen by facemask, if available
  - Transfer the patient to nearby hospital for further management, but never leave the patient alone. If there is no improvement in the patient's condition within 5 minutes, repeat giving a dose of epinephrine (maximum of 3 doses). Recovery from an anaphylactic shock is usually rapid after epinephrine.
- The proportions of reaction occurrence with the vaccines are indicated in Annex.

## V. ROLES AND FUNCTIONS

To successfully implement this school-based vaccination, the following critical roles and functions of each agency and partners shall be identified:

1. **Department of Health (DOH):** The national DOH and the collaborating Bureaus or Units are tasked on the following:

DOH shall provide the necessary vaccines and other immunization logistics (e.g. N/S, epinephrine, safety collector boxes, immunization cards, recording and reporting forms) following the routine system of the distribution of the immunization logistics.

- a. **Disease Prevention and Control Bureau (DPCB)** shall develop the guidelines policies and standards for school-based immunization in collaboration with the DepEd, procure the recommended vaccines and corresponding immunization logistics, monitor and evaluate the vaccination, coordinate with key partners and other stakeholders and report to the Secretary of Health as needed.
  - b. **Epidemiology Bureau** shall review/revise and incorporate the official recording and reporting forms/tools to include the school-based immunization targets, collect all the accomplishment reports and AEFIs and submit to DPCB and to the Secretary of Health as needed.
  - c. **Health Promotion Unit** shall develop the advocacy, communication plans and IEC materials for replication by the regional health offices.
  - d. **Bureau of Local Health Development** shall ensure the preparedness and acceptance of the various local government units towards the school vaccinations.
  - e. **Regional Health Offices** shall be responsible for monitoring the school-based immunization at the different public schools. The Regional Offices shall ensure that health worker at the local level have been oriented about the school-based immunization.
2. **Department of Education (DepEd)** shall assist and facilitate for the implementation of the immunization in school, issue memorandum about the activity, inform students/parents/teachers/school clinic staff, screen students at school entry, submit reports to the local health units.

- a. **Health and Nutrition Bureau** shall ensure the complete vaccination status of all children entering primary school. It shall also ensure that mothers of all children with incomplete immunization shall be informed of the immunization program being provided by the government. It shall identify and report any case of suspected vaccine-preventable disease, which has met the standard case definitions to the concerned local health units. It shall annually monitor the school entry lists to ensure compliance by all schools and submit annual reports of school compliance to DOH
3. **Department of Interior and Local Government (DILG)** shall issue a memorandum to all the local chief executive for their active participation to the activity including the organization of the vaccination teams for deployment to school and completion of the activity and ensure high immunization coverage per grade level.
  4. **The Local Government Units (LGUs) - health personnel (MDs, Nurses, midwives, volunteers)** shall lead the vaccination in collaboration with schools, hospitals and other partners within the catchment areas
  5. **Parents-Teachers Association:** Members of the association shall be oriented and raise awareness in the guidelines for school-based immunization.
  6. **Private Sector/Professional Organization:** All health professionals shall ensure that every child/student received the appropriate vaccines and other child health interventions. They shall submit the number of children/student immunized in the private clinics and health facilities to the nearest government health centers.

In the event that a national organization convention coincides with the conduct of the national school-based immunization, the members shall be responsible to ensure that all the students shall be provided with the needed intervention.

Private schools may access the vaccines and other logistics provided and submit accomplishment reports to health facility/health office vaccines were taken.

By the Authority of the Secretary of Health:



**VICENTE Y. BELIZARIO, JR. MD, MTM&H**  
Undersecretary of Health  
Office for Technical Services

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

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

Name of School: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Date: \_\_\_\_\_

To be filled up by the Vaccination Team  
 MR: \_\_\_\_\_  
 LR: No: \_\_\_\_\_  
 TD: \_\_\_\_\_  
 LR: No: \_\_\_\_\_  
 SRCH No: \_\_\_\_\_

No.	Name (Surnames, First Name, MI)	Complete Address (2)	Date of Birth (MM/DD/YY)	Age	Sex	Date of previous SACV received		Parents' Response (SR)	History of allergies (Food, med, previous immunization)	Sick today? (Sore, etc)		Vaccines Given			Refusal	Reasons
						SACV 1	SACV 2			Y	N	SACV1	SACV2	Td		
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 4 FEMALE Students (9-13 yrs. old)**

Region: \_\_\_\_\_  
 Province/CTy: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

Name of School: \_\_\_\_\_ Section: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Date: \_\_\_\_\_

To be filled up by the Vaccination Team  
 HIV: \_\_\_\_\_  
 Lot No: \_\_\_\_\_  
 Batch No: \_\_\_\_\_

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response		History of abnormal (food, milk, previous immunization)	Sick today? (Level)		Date of HIV Vaccine Given		Deferred	Refused	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
4															
5															
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13															
14															
15															

Name and Signature of Supervisor \_\_\_\_\_

Name and Signature of Vaccinator 1 \_\_\_\_\_  
 Name and Signature of Recorder \_\_\_\_\_

Name and Signature of Vaccinator 2 \_\_\_\_\_  
 Name and Signature of Recorder \_\_\_\_\_

**School Based Immunization  
RECORDING FORM 3: MEMBERSHIP OF GRADE 7 STUDENTS**

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 District/Municipality: \_\_\_\_\_

Name of School: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Date: \_\_\_\_\_

To be filled up by the Vaccination Team  
 MR: \_\_\_\_\_  
 LRM: \_\_\_\_\_  
 BRCH: \_\_\_\_\_  
 TR: \_\_\_\_\_  
 LRF: \_\_\_\_\_  
 BRCH: \_\_\_\_\_

*To be filled up by the School Principal/Class Advisor*

No.	Name (A)	Complete Address (B)	Date of Birth (MM/DD/YY)	Age	Sex	Permanent Residence (C)		History of Abstinence (D) (Cook, meat, produce, household use/TV)	Site (E) (Fever)		Last Immunization Period (for STREPTOLIS only)	Pneumonia (V/N)	Vaccination Status (G)		Deferred	Refusal	Reasons for Refusal
						Y	N		Y	N			MR	TR			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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Name and Signature of Supervisor \_\_\_\_\_

Name and Signature of Vaccinator 1 \_\_\_\_\_

Name and Signature of Vaccinator 2 \_\_\_\_\_

Name and Signature of Recorder \_\_\_\_\_





## FLOW AND SUBMISSION OF REPORTS

Levels of Implementation	Type of report	Responsible Person	To be Submitted to	Schedule of Report
School	Recording Form 1: Masterlist of Grade 1 Students	Teacher/ School Nurse	Midwife	Weekly
	Recording Form 2: Masterlist of Grade 4 Students			
	Recording Form 3: Masterlist of Grade 4 Students			
RHU	Consolidated Accomplishment report by Schools per Municipalities	RHU Midwife	Provincial/City Adolescent Coordinator	Weekly
PHO/CHO	Consolidated Accomplishment report by Municipalities	Provincial/City Adolescent Coordinator	Regional Adolescent Coordinator	Weekly
RHO	Consolidated Accomplishment report by Prov/City	Regional Adolescent Coordinator	National Adolescent Coordinator	After 2 weeks