School -Based Immunization

RECORDING FORM 1: Masterlist of Grade 1 Students

To be filled up by the Vaccination Team

Region: Name of School:				Section:										MR											
Province/City:Division:				<u>.</u>										Lot No: Batch No:											
Distri	lot/Municipelity:	Dete:												Td Lot No: Batch No:											
																lied up by the School Nurse/Recorder									
No.	Name (1)	Name (1) Complete Address		Age	Sex	Check for Previous MCV received				ents conse lip	History of allergles (food, meds, previous		Foday? er, etc		Vaccine C	Refusel	Reasons								
	(Sumame, First Name, MI)	(2)	MRA/DID/YY			Zero dose	MCV 1	MCV 2	Y	N	immunization	Y N		MCV 1 (R ann)	MCV 2 (R Td (L arm) arm)										
				Ţ					├				ļ	ļ]		<u> </u>							
-	2		<u> </u>	 				-	-	-	<u> </u>		┼─-	<u> </u>	 			<u></u>							
_	4			 				 	 				-		 	\dashv									
H				 	 -	-			 			-	†		 										
\vdash				 	 								 		 										
				† · · · · ·											İ										
┍	3																								
									L							\sqsupset									
10		<u> </u>																							
1				ļ					 																
12				ļ	 			 	├			<u> </u>													
1:			<u> </u>	 -				<u> </u>	┢	 					 										
10			<u> </u>		 		 		╁				\vdash		 										
	Name & Signature of Class As Noted By:		supervisor	Neme &	Signature	of Vaccina	stor 1			• • • • • • • • • • • • • • • • • • •	Name & Signature of Vac	cinator	2		Name &	Signa	iture of Record	ier	-						

School -Based Immunization

REPORTING FORM: Regional/Provincial/City Consolidated Accomplishment Report Form

Region:	Date:
Province/City:	

							GRAD	E 1												GRAD	E 7						
Province/City/Municipal	Total no. of Schools covered	noois Total no. of		ents Vaccinated w/		Students / Vaccinated w/ Td		Total no. of Deferred				Total no. of Rafusal				tal no. of tudents tudents Vaccineted nrofied w/ MCV		Students Vaccinated w/ Td		Total no. of Deferred			rred	Total no. of Refusa			usai
			No.	%	No.	*	MCV	%	Tđ	%	MCV	%	Td	%		No.	*	No.	%	MCV	*	Τd	%	MCV	%	Td	*
									<u> </u>				lacksquare														\Box
						ــــ	ļ	<u> </u>	ــــــ	<u> </u>	ļ	_	└	┷			↓			ļ	╀		 	<u> </u>	_	Щ.	╄
	<u> </u>		├			-		<u> </u>	ļ	<u> </u>	 	↓	ļ	┼			┼	 	-	├	╀	┼	╄	 	╄	├ ─	╄
	 		-	 	 	-		-	├	 	 		-	-		-	 	-	-	 	╄	┿	┼—		 	├─	╀
			 	 	├	╁╌		 	╁	-		╁	 	╅			╁	1	\vdash	 	╁	┼	╂┈	 	╫	\vdash	╁
	+	 	+		 	一	 	-	 	╫	╁	╁	╀	+	 	-	╫┈	╀─	┢	 	╈	+	+	 	\vdash	 	╆
		<u> </u>	 		 	1	-	\vdash	† · · · ·	\vdash			 	╁	1		 		 	 	+	 	+	 	╁╌	_	۲
		· · · · ·	1	<u> </u>	T	1					<u> </u>	1	!	\vdash							T			 	 		T
								Ĺ											<u> </u>								T
																							ļ				L
							ļ					ļ		<u> </u>			ļ		<u> </u>				L				L
		ļ	ļ	-	<u> </u>	_		<u> </u>	↓	<u> </u>		<u> </u>	<u> </u>	↓			ــــــ	<u> </u>	<u> </u>	<u> </u>	$oldsymbol{\perp}$	ļ	<u> </u>	<u> </u>			Ļ
		<u> </u>	_	├	<u> </u>	╄		<u> </u>	ļ		-	Ļ		ļ				<u> </u>	 -	Ь—	-	╄		₩			╁_
	 	ļ		 	_	↓_	<u> </u>	 	₩	1	-		₩	┼	 			┢	-	 	╀	┼	├		 -	 	╄
OTAL:	J		l	l	ł	1	l	l _	.L	1.	l	1.	I		<u> </u>	L	1	L	ı	1	1		1	<u> </u>		1 '	1

^{*} All deferred students who submitted for vaccination shall be recorded in Recording Form 1 & 3 and reported using Report Form 4

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

Denk	on:	Name of School:	Section:										To be filled up by the Vaccination Team 돼본								
Heli	41	Testilo di destesti.																			
Province/City: Olvision;																					
													Ta								
Dietri	ct/Municipality:	Date:											Lot No:								
											Batch No: _										
	To be fil	led up by the School Nurse	/Class Adviser								Tob	a filled up by the									
No	Name (1) (Sumame, First Name, Mi)	Complete Address (2)	Date of Birth	Age	Sex	Res	ent's ipon Slip	History of ailergies (food, meds, previous	Sick Today? (fever, etc		Last Menstrual period (for	Potentially Pregnant	Vaccin	e Given	Deferred	Refusal	Reasons for Refusal				
	(SUMERIS, PITST MARKE, MI)		MM/DD/YY			YN		Immunization	Y	N	females only)	(Y/N)	MR (R erm)	Td (L arm)							
						L								Ĺ	·						
	1																				
[:			<u> </u>				<u> </u>		L	<u> </u>											
-					ļ	<u> </u>	_		Ц.	<u> </u>	ļ		<u> </u>								
	3	<u> </u>			<u> </u>				L_												
						Ļ.,		ļ	<u> </u>						, ,	ļ					
	<u> </u>					ļ	ļ			ļ											
بــا				ļ	ļ	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u></u>										
<u> </u>		ļ			<u> </u>	ļ	<u> </u>	_		ļ	<u> </u>										
10				 	 	-	<u> </u>		\vdash	-	ļ										
1					 	 	 -		├-	_											
1			<u> </u>	 	\vdash	⊢		 	├		ļ					<u></u>					
13				-	 	-	_		⊢	<u> </u>											
1			 	 	 	-	_			-											
15	<u> </u>	<u> </u>	L	I		<u> </u>	L	<u> </u>	<u>. </u>		<u> </u>				·						
	Name & Signature of Class Adiviser Noted By:	Name & Signature	of Super	rvisor	ı	 Name	& Signature of Vaccin	nator 1			iture of Vaccinator	2		Name & Signatu	re of Records	r					

Name & Signature of School Principal/Scool Head