ANNEX C
Form 1

**National School Deworming Day**
**Deworming Checklist**

Province:_____
Name of School:_____
School Addres:_____
Grade Level & Section:_____

Division:_____
District:_____
Total Enrollment:_____
Total no. of Target Eligible: _____

| Name of Child | Age | Gender | Hand washing done | Feeding done | No. of Children Dewormed | | Tooth Brushing done | Remarks | Action Taken |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | 4P's | Non 4P's | | | |
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Accomplisheb by:

_____
**Class Adviser**
Date Accomplished:_____

Noted by:

_____
**Grade Level Adviser**

Form 2 - School Level

Annex B.2

# National School Deworming Day

Region: _____ Division: _____ District: _____

School ID : _____

Name of School: _____

| Grade Level | Enrolment | | No. of Children Dewormed | | Remarks |
|---|---|---|---|---|---|
| | 4Ps | Non 4Ps | 4Ps | Non 4Ps | |
| Kinder | | | | | |
| Grade 1 | | | | | |
| Grade 2 | | | | | |
| Grade 3 | | | | | |
| Grade 4 | | | | | |
| Grade 5 | | | | | |
| Grade 6 | | | | | |
| Total | | | | | |

Accomplished by:

_____

CLINIC TEACHER

Noted by:

_____

School Principal

Date Accomplished: _____

Form 2

**National School Deworming Day**
***School Level Reporting Form***

**Province:**
**Division:**
**District:**
**Name of School:**
**School Address:**
**No. of Children Enrolled in the school:**

| Grade Level | No. of Enrolled Children | No. of Children Dewormed | Remarks |
|---|---|---|---|
| Kinder | | | |
| Grade 1 | | | |
| Grade 2 | | | |
| Grade 3 | | | |
| Grade 4 | | | |
| Grade 5 | | | |
| Grade 6 | | | |
| Total | | | |

Accomplished by:

_____
**CLINIC TEACHER**
Date Accomplished: _____

Noted by:

_____
**SCHOOL HEAD**

National School Deworming Day
School Level Reporting Form

Province:
Division:
District:
Name of School:
School Address:
No. of Children Enrolled in the school:

| Age Group | No. of Enrolled Children | No. of Children Dewormed | Remarks |
|---|---|---|---|
| 1-4 years old | | | |
| 5-12 years old | | | |
| 13-18 years old | | | |
| **Total :** | | | |

Accomplished by:

_____

IHCT School Coordinator

Noted by :

School Principal

Annex 2

# INTEGRATED HELMINTH CONTROL PROGRAM

Adverse Eventss Following Deworming (AEFD)

## REPORTING FORM

To be filled-in by the Physician/Midwife/BHW/Teacher or Parent as needed during every mass deworming campaign

Region: _____ Province: _____ Municipality: _____

Service Outlet: (Please check and indicate name of RHU, School, Daycare

_____ Barangay health Station RHU: _____ School: _____
_____ Day Care Center: _____

Date of Deworming: _____ Time of Deworming: _____ Meds Taken: _____

| NAME OF PATIENT | AGE | Complete Address | Chief Complaint and time of onset of signs & symptoms | Action Taken | Remarks |
|---|---|---|---|---|---|
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REMARKS: Name of Drugs (Branded/Generic Name)
Batch and Lot Number
Expiration Date
Date Meds taken

ACCOMPLISHED BY: _____
Print Name & Signature

Date: _____

# NOTIFICATION LETTER

DIVISION_____
SCHOOL_____
ADDRESS_____
DATE_____
STUDENT'S NAME_____
STUDENT'S ADDRESS_____
NAME OF PARENT/GUARDIAN

**Dear Parent/Guardian:**

This school as a Public Elementary School will conduct the following health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit(LGU).

General Health Examination and appropriate Intervention:

- ☐ Oral Health Examination and appropriate Intervention
- ☐ National Status Assessment and appropriate Intervention
- ☐ Mass Drug administration
  - ☐ Worms
  - ☐ Schistosomiasis (only in endemic area)
  - ☐ Filariasis(only in endemic areas)
- ☐ Filariasis /Transmission Assessment Survey
- ☐ Iron Supplementation (as per DOH recommendation)
- ☐ Immunization
  - ☐ Grade 1 (MCV,Td)
  - ☐ Grade 4 (HPV)
  - ☑ Grade 7 (Td,MR)

This Notification is being issued to you as information of the activity that will be conducted on SY 2015-2016. Should you have further questions/clarification on this matter, please get in touch with Principal/School Head.

Thank you.

Very truly yours,

_____
(Name of Principal/School Head)

# ACKNOWLEDGEMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of free school based health services. I have read and understood the information regarding the intended health services to be given to my child.

(Please check the box provided)

(Please check the box provided)

☐ Yes, I will allow my child to be provided with the health services as per DOH recommendation..

☐ Yes, I will allow but only for these services:_____

☐ No, I will not allow my child to receive the health service benefits. Reason
(Please specify):_____

_____
Name and Signature of Parent/Guardian