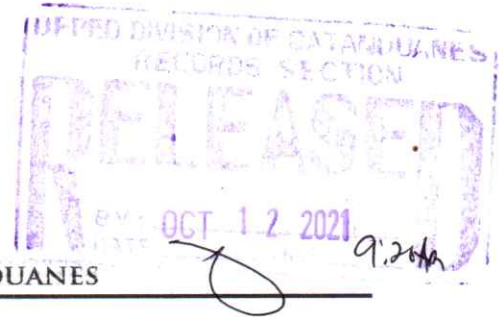




Republic of the Philippines
Department of Education
REGION V
SCHOOLS DIVISION OFFICE OF CATANDUANES




DIVISION MEMORANDUM
OSDS-SGOD-DM-4~~5~~s. 2021

TO : Assistant Schools Division Superintendent
Chiefs, SGOD & CID
Public Schools District Supervisors
Elementary & Secondary School Heads
School SBI Coordinators
School Health & Nutrition Sections

IMPLEMENTATION OF SCHOOL BASED IMMUNIZATION PROGRAM FOR SY: 2021-2022

1. The implementation of School Based Immunization (SBI) program was interrupted in 2020 due to the COVID19 pandemic. This year, there will be a collaboration between the Department of Education and with the Department of Health, the SBI program was named as Community-Based Immunization (SBI).
2. In compliance to the DepEd Memorandum dated September 23, 2021, the school clinic teachers/ SBI coordinators will submit their masterlist of learners Grade 1 and Grade 7 (enrolment of the current year) using the prescribed template (please see enclosure no. 1 & 2).
3. The deadline of submission of the masterlist to the respective RHU will be on or before October 15, 2021. **Please inform the Division SBI Focal Person Rosita A. Tabirara with contact no.09084892837 if you have already submitted to the RHU.**
4. For widest dissemination and compliance.


SUSAN S. COLLANO
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent



ELEMENTARY

ANNEX A. Reporting Forms for 2021 Community-based MR-Td Immunization

Community-based Immunization Activity RECORDING Form 1: MR-Td (6-7 Years Old)

Region: _____
 Province/City: _____
 District/Municipality: _____

To be filled up by the Vaccination Team

| No. | Name (1) (Surname, First Name, MI) | Complete Address (2) | Date of Birth MM/DD/YY | Age | Sex | History of allergies (food, meds, previous immunization) | Sick today? (fever) | | Date of Vaccine Given | | | Deferal (D)/Refused (R) | Vaccinated (V)/Vaccinated Refusal (VR) | Remarks | |
|-----|------------------------------------|----------------------|------------------------|-----|-----|--|---------------------|---|-----------------------|----|--|-------------------------|--|---------|--|
| | | | | | | | Y | N | MR | Td | | | | | |
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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