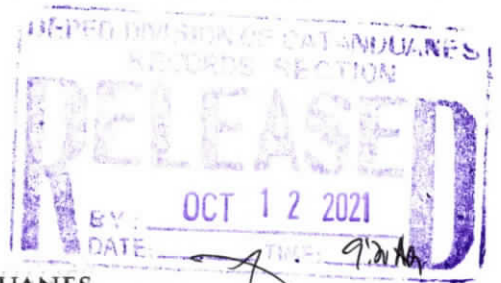




Republic of the Philippines
Department of Education
REGION V

SCHOOLS DIVISION OFFICE OF CATANDUANES




DIVISION MEMORANDUM
OSDS-SGOD-DM-~~11~~¹¹⁷s. 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



San Roque, Virac, Catanduanes
(052) 811-40-63
catanduanes@deped.gov.ph

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		Defered (D) Refused (R)	Vaccinated (V) Defered (ND) Vaccinated Refused (NR)	Remarks
							Y	N	MR	Td			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

Signature of Supervisor: _____ Name and Signature of Vaccinator 1: _____ Name and Signature of Vaccinator 2: _____
 Name and Signature of Recorder: _____ Name and Signature of Recorder: _____

SECONDARY

Community-based Immunization Activity RECORDING Form 2: MR-Td (1.2-13 Years Old)

Register _____
 Province/City: _____
 District/Municipality: _____

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Sex	Story of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of Vaccine Given		Deferred (D)/ Refused (R)	Vaccinated (V)/ Defered (D)/ Vaccinated Refused (R)	Remarks
						Y	N	MM	DD			
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Name and Sig. of Supervisor _____
 Name and Signature of Vaccinator 1 _____
 Name and Signature of Vaccinator 2 _____
 Name and Signature of Recorder _____
 Name and Signature of Receiver _____