

Republic of the Philippines

Department of Education

REGION IX, ZAMBOANGA PENINSULA SCHOOLS DIVISION OF DAPITAN CITY

Office of the Schools Division Superintendent

27 August 2025

DIVISION MEMORANDUM No. 762, s. 2025

IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION (SBI) PROGRAM FOR SY 2025-2026

To: Assistant Schools Division Superintendent Chief Education Supervisors, CID and SGOD Education Program Supervisors/Specialist Public Elementary and Secondary School Heads School Health Personnel All Others Concerned

- Pursuant to Department of Health (DOH) Department Memorandum No. 2025-0318, titled "Revised Guidelines on the Implementation of School-Based Immunization (SBI)", and in partnership with City Health Office and Local Government Unit (LGU) of Dapitan City, the School Governance and Operations Division (SGOD)- Health and Nutrition Section (HNS), announces the Implementation of School-Based Immunization (SBI) for SY 2025-2026.
- The program aims to protect school-aged children against vaccine preventable diseases, in line with Universal Health Care Act and the Department of Education continued commitment to ensuring health and well-being of all learners.
- 3. The target beneficiaries and corresponding vaccines for SY 2025-2026 are as follows

Target Beneficiaries	Target Group	Vaccine							
Grade 1 Grade 7	All Learners	Measles-Mumps- Rubella and Tetanus-Diptheria (MR-Td) Vaccines							
Grade 4	Female Learners (9-14 years old	Human Papillomavirus (HPV) Vaccine							

- 4. In this regard, all School Heads and concerned school personnel are directed to:
 - a) participate in all DOH-led SBI related activities;
 - b) accomplish the 2025 Masterlist of Target Schools and Learners on or before September 8, 2025:





















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- c) disseminate the notification letter and SBI consent form to parents and guardians (Only learners with duly accomplished consent forms shall be vaccinated);
- d) submit the Masterlist of learners to the Vaccination Team the CHO-LGU of Dapitan City on the vaccination day using the following DOH- prescribed recording forms:
 - Recording Form 1: Masterlist of Grade 1 Students: Masterlist of Grade 1 Male and Female Students (MR-Td, ages 6-7 years old)
 - Recording Form 1: Masterlist of Grade 7 Students: Masterlist of Grade 7 Male and Female Students (MR-Td, ages 12-13 years old)
 - Recording Form 1: Masterlist of Grade 4 Female Students: Masterlist of Female Students (HPV Vaccine, ages 9-14).
- 4. Attached are the SBI Forms and consent for ready reference.
- 5. Widest dissemination of this memorandum and participation of all concerned are enjoined.

JAY S. MONTEALTO, CESO VE Schools Division Superintendent

























SCHOOL BASED IMMUNIZATION CONSENT FORM MR-TD VACCINATION FOR GRADE 1 AND GRADE 7

Malugod na pagbati!

Ang Kagawaran ng Kalusugan at ang Kagawaran ng Edukasyon ay magsasagawa ng libreng pagbabakuna sa buwan ng Agusto-Septyembrepara sa lahat ng mag-aaral ng Grade 1 at Grade 7 . Ito ay ang bakuna laban sa Tigdas, German Measles, Tetanus at Dipteria.

Lubos naming inaasahan ang inyong pahintulot upang maprotektahan ang inyong mga anak laban sa mga nasabing sakit.

Mangyari lamang na inyong masagutan ang mga sumusunod at isumite na may lagda sa mga guro ng inyong anak:

MAHALAGANG IMPORMASYON

		00	HINDI
1.	Maayos ba ang kalagayan ng inyong anak ngayon?		
2.	Mayroon bang allergy sa anumang gamot, pagkain o bakuna ang iyong anak?		
3.	May iniinom bang gamot ngayon o sa nakalipas na tatlong araw ang inyong anak?		
4.	Nasa pangangalaga ba ng doctor ang iyong anak dahil sa anumang sakit o karamdaman?		
5.	Mayroon bang sakit na pagdurugo o di maampat na pagdurugo ang inyong anak?		

	(Pakilagyan ng check ang box)
	Oo, Pinahihintulutan ko ang aking anak na mabigyan ng libreng bakuna para sa Tigdas, German Measles, Tetanus at Dipteria. Hindi ko pinahihintulutan ko ang aking anak na mabigyan ng libreng bakuna para sa Tigdas, German Measles, Tetanus at Dipteria. Dahilan:
	LAGDA NG MAGULANG SA IBABAW NG PANGALAN
Noted by:	





Human papillomavirus (HPV) Vaccination consent & Certification Form



A. Health History of Client		
Child's full name:	Date of birth:	
Home address:	Contact Number:	
Name of Parent/ Guardian	Relationship	
Health Center:	Sex:	

B. Health History of Client

- 1. Does your child have any allergies? Yes No If yes, please describe:
- 2. Has your child ever had a serious reaction or condition following any vaccine? Yes No If yes, please describe:
- 3. Does your child have any health conditions that require regular visits to a doctor? Yes No If yes, please describe:
- 4. Does your child have any conditions that can suppress their immune system (i.e., HIV infection, problems with spleen, organ transplant, etc.)? Yes No If yes, please describe:
- 5. Is your child taking any medications and/or has recently received or is receiving any medical treatment (i.e., steroids, chemotherapy, radiotherapy, immune globulin therapy etc.)? Yes No If yes, please list:
- 6. Is your child pregnant, planning to become pregnant and/or breastfeeding? Yes No N/A

I have read and understood the factsheet(s) regarding the risks and benefits of the vaccine(s) that I am consenting to, including potential common side effects of this vaccine. Some vaccines require more than one dose within the year, my consent applies to all doses of the vaccine(s) necessary to complete the series up to one year, unless I withdraw my consent by contacting my local public health office.

I hereby give my consent to be vaccinated by HPV (Human Papillomavir	rus) vaccine.
Signature over Printed Name of Parent/Guardian		Date

Thank you for completing this form. Please return it to the school as soon as possible.



Human papillomavirus (HPV) Vaccination consent & Certification Form



B. Health History of Client

Child's full name:	Date of birth:
Home address:	Contact Number:
Name of Parent/ Guardian	Relationship
Health Center:	Sex:

C. Health History of Client

- 1. Does your child have any allergies? Yes No If yes, please describe:
- 2. Has your child ever had a serious reaction or condition following any vaccine? Yes No If yes, please describe:
- 3. Does your child have any health conditions that require regular visits to a doctor? Yes No If yes, please describe:
- 4. Does your child have any conditions that can suppress their immune system (i.e., HIV infection, problems with spleen, organ transplant, etc.)? Yes No If yes, please describe:
- 5. Is your child taking any medications and/or has recently received or is receiving any medical treatment (i.e., steroids, chemotherapy, radiotherapy, immune globulin therapy etc.)? Yes No If yes, please list:
- Is your child pregnant, planning to become pregnant and/or breastfeeding? Yes No N/A

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I hereby give my consent to be vaccinated by HPV (Human Papillomavirus) vaccine.





9 Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief

Name of School:

SCHOOL-BASED IMMUNIZATION







Barang	ay:	_ District/Municipality:					Number	of Vac	cine Re	ceived (i	n Vials):	-							
	City/Province: Date:									Number	of Vac	cine Use	ed (in Vi	als):					
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To be	filled out by Local Health Center/	Vaccination team				To be	filled o	out by	/Vacci	nation teal	m					171			
Name			Date of Birth	1	Sex		of MCV eived	V Consent Slip		History	Sick Today? (Fever, Etc.)				Defer				
	(Surname, First Name, MI)	Complete Address	(M/D/Y)	Age	Sex	HPV 1	HPV 2	Yes	No	Allergies	·Y	N	HPV 1	Lot/Batch No.	HPV 2	Lot/Batch No.	Delei		
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	Name and Signature of Supervisor Name and Signature of Vaccinator 1 Reasons For Being Unvaccinated									nd Signatur	re of V	accina	tor 2	5	Nan	ne and Signs	ature o		
Code		Reasons					Code	TE	7					Reasons	8				
1									Lack of trust in vaccinator Child just Recover from Illness or just discharged from the hospitals. So the parent/caregiver refu										
2		· B · I					11					r just dis	scharged	from the hospi	tals. So th	e parent/careg	giver refu		
3				ronte De	fused		12			the Campaig m did not visi		-							
	Fear of Covid Transmission	nation, Lana vaccine was Not Iv	coosary, 50 Fa	i cins i c	luseu		14			rom a differen							-		
-6		quality or near expiry				21	15			cutely sick or		ling well			i: ,				
7			e given vaccina	ation			16			w/Declined to			17.4			4-10			
8					Refuse	d	17	Out	right Re	fusal						<i>D</i> -			

Others (Specify)

Section:

SCHOOL-BASED IMMUNIZATION RECORDING FORM 1: Master list of Grade 7 Students









Region	: Name of	School:		-		_Sectio	n:			MI	R:		Td:										
Barangay: District/Municipality:							· · · · · · · · · · · · · · · · · · ·	N	Numb	er of Vaccin	e Re	ceive	d (in Vi	Number of Vaccine Received (in V									
City/P	City/Province: Date:						ž.	N	Numbe	er of Vaccine	e Use	ed (in	Vials):	Number of Vaccine Used (in Vials									
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To be	To be filled out by Local Health Center/Vaccination team To be filled										led out by/Vaccination team												
	Name (Surname, First Name, MI)	Complete Address	Date of Birth (M/D/Y)	Age	Sex	Date of MCV Received		Consent Slip		History of Allergies	Sick Today ? (Fever, Etc)				Vaccine Given				Deferra				
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Reasons	For Being Unvaccinated	supervisor	Name and	Signat	ure or	Vaccina	ator 1			Name	e and	I Sig	насиге	or vaccina	nor 2	e e	IVa	me and Sigi	uature o				
Code		Reasons						Code	I							Reasons							
1	Parent Was Absent /Away from Hon	ne						10		ck of trust in v						F 1/5/5							
2	Fear of Vaccine Side Effects			11					ess or jus	st discharged fr	om the h	ospitals. So, the	parent/	caregiver refuse	ed.								
3										naware of the C													
5	Fear of Covid Transmission	vaccination, Extra vaccine was i	ot Necessary,	30 Faici	its Kerus	scu	-+	13		ild was from a	_		rea										
6	Vaccine Perceived to be not Effective	e. Low quality or near expiry						15		ild was acutely				well									
7	Client is a Newborn, and parents bel	ieved that her/His child it too youn	g to be given v	accinatio	on			16		not know/Dec													
. 8	Child was already vaccinated by priv					efused		17		tright Refusal			•										
9	Peculiar personal beliefs of misconce							18		hers (Specify)			5			W			7				



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Fear of Covid Transmission

Vaccine Perceived to be not Effective, Low quality or near expiry



Child has already Completed routine vaccination, Extra Vaccine Was Not Necessary, So Parents Refused

Child was already vaccinated by private MD, against advised by private MDs thus parents/caregiver Refused

Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief

Client is a Newborn, and parents believed that her/His child it too young to be given vaccination

SCHOOL-BASED IMMUNIZATION





RECORDING FORM 1: Master list of Grade 1 Students

Barangay: District/Municipality:			Sec	tion: _				MR:							Td:						
								Numbe	r of Va	ccine Rec	eived (i	n Vial	s):	3	Number of Vaccine Received (in Vials):						
City/P	City/Province: Date:							Numb	er of Va	ccine Use	d (in Vi	ials): _			Number of Vaccine Used (in Vials):						
								Numbe	er of Vac	ccine Unu	sed (in	Vials)	:		Num	ber of Vaccin	ie Unu	sed (in Vials):		
To be	filled out by Local Health Center/Vaccin				To be	filled o	ut by/V	accinatio	on team				*								
Name		Complete Address	Date of Birth	Age	Sex	Date of MCV Received		Consent Slip		History	Sick Today? (Fever, Etc)				Vaccine Given				Deferr		
	(Surname, First Name, MI)		(M/D/Y)			MCV 1	MCV 2	Yes	No	Allergies	Y	N	MR 1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.			
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	Name and Signature of Supervisor	Name a	nd Signatur	re of Va	ecinat	or 1	2		1	Name and	l Signat	ture of	Vacci	nator 2		1	Name a	and Signatur	re of Re		
	asons For Being Unvaccinated					E.	. 14 - 0												5		
Code	Description Albertal Access 6 17	Reasons			,				Code	_	C				-	Reasons					
2	Parent Was Absent /Away from Home Fear of Vaccine Side Effects			_			-		10	Child in				ess or just die	scharge	from the hos	nitals	So the parent	/careois		
3											Child just Recover from Illness or just discharged from the hospitals. So the parent/caregiv Unaware of the Campaign										

13

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16

17

Vaccine team did not visit

Outright Refusal

Others (Specify)

Child was from a different area

Do not know/Declined to respond

Child was acutely sick or not feeling well