



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. 462, 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

1. 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.
2. 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-Diphtheria (MR-Td) Vaccines
Grade 4	Female Learners (9-14 years old	Human Papillomavirus (HPV) Vaccine

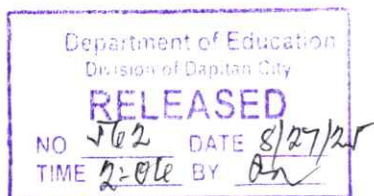
4. In this regard, all School Heads and concerned school personnel are directed to:
 - a) participate in all DOH-led SBI related activities;
 - b) accomplish the 2025 Masterlist of Target Schools and Learners on or before **September 8, 2025**;



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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 VI
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 Agosto-Septyembre para 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

	OO	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?		

PANGALAN NG ESTUDYANTE: _____

(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:

4PS City Link



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 Papillomavirus) 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:
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 Papillomavirus) vaccine.



SCHOOL-BASED IMMUNIZATION

RECORDING FORM 1: Master list of Grade 4 Students



Region: _____ Name of School: _____ Section: _____

Barangay: _____ District/Municipality: _____

City/Province: _____ Date: _____

HPV: _____

Number of Vaccine Received (in Vials): _____

Number of Vaccine Used (in Vials): _____

Number of Vaccine Unused (in Vials): _____

To be filled out by Local Health Center/Vaccination team						To be filled 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
						HPV 1	HPV 2	Yes	No		Y	N	HPV 1	Lot/Batch No.	HPV 2	Lot/Batch No.	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent Was Absent /Away from Home	10	Lack of trust in vaccinator
2	Fear of Vaccine Side Effects	11	Child just Recover from Illness or just discharged from the hospitals. So the parent/caregiver refused
3	Vaccine Safety Issues (Dengue Vaccines Experience, Past adverse experience etc.	12	Unaware of the Campaign
4	Child has already Completed routine vaccination, Extra Vaccine Was Not Necessary, So Parents Refused	13	Vaccine team did not visit
5	Fear of Covid Transmission	14	Child was from a different area
6	Vaccine Perceived to be not Effective, Low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a Newborn, and parents believed that her/His child it too young to be given vaccination	16	Do not know/Declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs thus parents/caregiver Refused	17	Outright Refusal
9	Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief	18	Others (Specify)



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



Region: _____ Name of _____ School: _____ Section: _____ MR: _____ Td: _____

Barangay: _____ District/Municipality: _____ Number of Vaccine Received (in Vials): _____ Number of Vaccine Received (in Vials): _____

City/Province: _____ Date: _____ Number of Vaccine Used (in Vials): _____ Number of Vaccine Used (in Vials): _____

Number of Vaccine Unused (in Vials): _____ Number of Vaccine Unused (in Vials): _____

To be filled out by Local Health Center/Vaccination team

To be filled 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						Deferral
					MCV 1	MCV 2	Yes	No		Y	N	MR 1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent Was Absent /Away from Home	10	Lack of trust in vaccinator
2	Fear of Vaccine Side Effects	11	Child just Recover from Illness or just discharged from the hospitals. So, the parent/caregiver refused.
3	Vaccine Safety Issues (Dengue Vaccines Experience, Past adverse experience etc.	12	Unaware of the Campaign
4	Child has already Completed routine vaccination, Extra Vaccine Was Not Necessary, So Parents Refused	13	Vaccine team did not visit
5	Fear of Covid Transmission	14	Child was from a different area
6	Vaccine Perceived to be not Effective, Low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a Newborn, and parents believed that her/His child it too young to be given vaccination	16	Do not know/Declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs thus parents/caregiver Refused	17	Outright Refusal
9	Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief	18	Others (Specify)



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

Region: _____ Name of School: _____ Section: _____

Barangay: _____ District/Municipality: _____

City/Province: _____ Date: _____

MR:

Number of Vaccine Received (in Vials): _____

Number of Vaccine Used (in Vials): _____

Number of Vaccine Unused (in Vials): _____

Td:

Number of Vaccine Received (in Vials): _____

Number of Vaccine Used (in Vials): _____

Number of Vaccine Unused (in Vials): _____

To be filled out by Local Health Center/Vaccination team

To be filled 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						Deferred
					MCV 1	MCV 2	Yes	No		Y	N	MR 1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Registrar

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent Was Absent /Away from Home	10	Lack of trust in vaccinator
2	Fear of Vaccine Side Effects	11	Child just Recover from Illness or just discharged from the hospitals. So the parent/caregiver
3	Vaccine Safety Issues (Dengue Vaccines Experience, Past adverse experience etc.	12	Unaware of the Campaign
4	Child has already Completed routine vaccination, Extra Vaccine Was Not Necessary, So Parents Refused	13	Vaccine team did not visit
5	Fear of Covid Transmission	14	Child was from a different area
6	Vaccine Perceived to be not Effective, Low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a Newborn, and parents believed that her/His child it too young to be given vaccination	16	Do not know/Declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs thus parents/caregiver Refused	17	Outright Refusal
9	Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief	18	Others (Specify)