



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

MEMORANDUM

HUMAN PAPILLOMA VIRUS (HPV) SCHOOL-BASED VACCINATION

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
Chief Education Supervisor, School Governance and Operations Division
Public Elementary School Heads/OICs
All Others Concerned

1. This is to inform all concerned that the City Health Office of Muntinlupa will conduct a Human Papilloma Virus (HPV) School-based Immunization of all female Grade 4 enrollees aged 9-10 years old on the first week of June, 2023. Attached is the letter from Dr. Juancho H. Bunyi, OIC-City Health Officer, dated April 18, 2023 on the above-captioned title, for reference.
2. In this regard, all schools are requested to support the activity through the following:
 - Provision of the needed masterlist of eligible learners
 - Dissemination and retrieval of consent forms
 - Conduct of orientation / health promotion advocacies for the parents
 - Submission of timely accomplishment reports
3. Immediate and wide dissemination of this Memorandum is desired.


EVANGELINE P. LADINES CESO V
Schools Division Superintendent

Enclosure: As stated
References: None
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATION HEALTH EMPLOYEES
MML / DM –HPV School-based Vaccination
128 / April 20, 2023

UN-2023-128



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Republika ng Pilipinas
PAMAHALAANG LUNGSOD NG MUNTINLUPA
TANGGAPAN NG PANGKALUSUGAN



CHO.com 23- 0791

18 Abril 2023



Dr. EVANGLINE P. LADINES, CESO V
School Division Superintendent

Magandang Araw!

Ang Tanggapan ng Pangkalusugan sa pamamagitan ng Adolescent Health Development Program sa pakikipagtulungan ng Department of Health ay nakatakdang magsagawa ng "Human Papilloma Virus Vaccination" sa unang Linggo ng Hunyo, sa mga kabataan na may edad na Siyam (9) at Sampung taong gulang (10) na kababaihan lamang, sa lahat ng mga pangpublikong iskwelahan.

Kaugnay nito, magalang po kaming humihingi ng pangunahing talaan at pahintulot ng mga magulang para sa gagawing pagbabakuna.

Maraming salamat po sa patuloy ninyong pagsuporta sa mga programang pangkalusugan

Sumasainyo,

JUANCHO H. BUNYI, MD, MPH
Tumatayong Pinuno
City Health Office.

School-Based Immunization
RECORDING Form 2: Masterlist of Grade 4 FEMALE Students (9-13 yrs. old)

Region: _____ Name of School: _____ Section: _____
 Province/City: _____ Division: _____
 District/Municipality: _____ Date: _____

To be filled up by the Vaccination Team
 HPV
 Lot No: _____
 Batch No: _____

To be filled up by the School Nurse/ Class Adviser															
No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response		History of allergies (food, meds, previous immunization)	Sick today? (fever)		Date of HPV Vaccine Given		Deferred	Refusal	Reason for Refusal
						Y	N		Y	N	1st dose	2nd dose			
1															
2															
3															
4															
5															
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12															
13															
14															
15															

 Name and 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