



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

JUL 03 2025

MEMORANDUM

RESUMPTION OF SCHOOL-BASED IMMUNIZATION PROGRAM

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

1. Pursuant to Department of Health Memorandum No. 2024-0250 and DM-OUOPS-2024-03-06789 titled, "*Interim Guidelines on the Resumption of School-Based Immunization (SBI)*", SDO-Muntinlupa, in partnership with DOH and City Government of Muntinlupa, shall resume the implementation of school-based immunization targeting specific grade levels.
2. All schools are enjoined to fully support and facilitate the implementation of SBI Program for SY 2025-2026. To ensure safe, smooth and effective delivery of service the school shall perform the following:
 - a. Disseminate parental consent forms for the immunization activity
 - b. Prepare masterlist of eligible learners:
 - Grade 1 and Grade 7 for Measles-Rubella (MR) /Tetanus-Diphtheria (Td) vaccination.
 - Grade 4 Female for Human Papillomavirus (HPV) vaccination
 - c. Conduct orientation for school staff, teachers and parents through meeting, flag ceremony or posting of IEC materials
 - d. Facilitate setting up of designated vaccination site within the school premises
3. Relative to this, all school nurses are directed to attend a coordination meeting on **July 11, 2025, at 1:00 PM**, to be held at the SDO Conference Room
4. Attached herewith is the prescribed masterlist template to be used in preparing the list of eligible learners per school.
5. Schools shall submit to the Division Office, through the Health and Nutrition Unit, the vaccination accomplishments **one week** after the conduct of the SBI activity.



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

**Office of the Schools Division
Superintendent**

6. Immediate and wide dissemination of this Memorandum is desired.


VIOLETA M. GONZALES

Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Enclosure: As stated
References: As stated
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATION HEALTH LEARNERS

MML / DM – Resumption of SBI
286 / July 2, 2025

UN-2025-286



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com

Recording Form 1

**School Based Immunization
Masterlist of Grade 1 Students**

Region: _____
 Province/ City: _____
 Municipality: _____

Name of School: _____
 Division: _____ Section: _____
 Date: _____

To be filled up by the School Nurse/ Class Adviser										To be filled up by the Vaccination Team											
No.	Name (Surname, First Name MI) (1)	Complete Address (House No., St., Brgy. City/ Municipality) (2)	Date of Birth (MM/DD/YY) (3)	Age (4)	Gender (M/F) (5)	Date of Previous MCV Received (6)			Parent's Response Slip		History of Allergies (food, meds, previous immunization, MR/Td) (8)	Sick Today? (fever, etc.)		Vaccine Given (10)		Vaccine Information (11)			Deferred(12)	Refused (13)	Reason for Deferral/ Refusal (14)
						Zero Dose	MCV 1	MCV 2	Y	N		Y	N	MR (Right Arm)	Td (Left Arm)	Lot No.	Batch No	Expiry Date			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					

 Name and Signature of School Nurse/ Class Advisor

 Name and Signature of Vaccinator 1

 Name and Signature of Vaccinator 2

 Name and Signature of Recorder

**School Based Immunization
Recording Form 2: Masterlist of Grade 7 Students**

Region: _____
 Province/ City: _____
 Municipality: _____

Name of School: _____
 Division: _____ Section: _____
 Date: _____

To be filled by the Vaccination Team:	
MR	Lot No:
	Batch No:
Td	Lot No:
	Batch No:

To be filled up by the School Nurse/ Class Adviser							To be filled up by the Vaccination Team										
No.	Name (1)	Complete Address (2)	Date of Birth (MM/DD/YY) (3)	Age	Sex	Parent's Response Slip		History of Allergies (food, meds, previous immunization, MR/Td)	Sick Today? (fever)		Last Menstrual Period (for FEMALES only)	Potentially Pregnant (Y/N)	Vaccine Given		Deferred	Refused	Reason for Deferral/ Refusal
						Y	N		Y	N			MR (R Arm)	Td (L Arm)			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	

 Name and Signature of School Nurse/ Class Advisor
 Name and Signature of Vaccinator 1
 Name and Signature of Vaccinator 2
 Name and Signature of Recorder

**School Based Immunization
Recording Form 3: HPV Masterlist of FEMALE Grade 4 Students**

Region: _____
 Province/ City: _____
 Municipality: _____

Name of School: _____
 Division: _____ Section: _____
 Date: _____

To be filled up by the School Nurse/ Class Adviser							To be filled up by the Vaccination Team										
No.	Name (1) (Surname, First Name MI)	Complete Address (2)	Date of Birth (MM/DD/YY) (3)	Age	Sex	Parent's Response Slip		History of Allergies (food, meds, previous immunization, MR/Td)	Sick Today? (fever)		Last Menstrual Period	Potentially Pregnant (Y/N)	Date of HPV Vaccine given		Deferred	Refused	Reason for Deferral/ Refusal
						Y	N		Y	N			1st Dose	2nd Dose			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	

 Name and Signature of School Nurse/ Class Adviser

 Name and Signature of Vaccinator 1

 Name and Signature of Vaccinator 2

 Name and Signature of Recorder

HPV School-Based Immunization Report- GRADE 4 (Female)

SY 2025-2026

_____ 1st Dose _____ 2nd Dose

Date: Vaccination: _____

SCHOOL	HPV SCHOOL BASED IMMUNIZATION											% Accomplishment
	No. of enrolled female pupils	No. of female pupils given consent forms	No. of female pupils with approved consent forms	No. of female pupils with disapproved consent forms	No. of pupils vaccinated w/ HPV	No. of deferred	Reasons for Deferral (Please indicate specific reasons for deferral encountered in the field "Others" will not be accepted)					
							Absent	Not feeling well	Fear	Refused	w/ Immunization < 1 mos	
Name of School	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!
Section												#DIV/0!

Prepared by:

Noted:

_____ School Nurse

_____ School Head

MR/ Td School-Based Immunization Report- GRADE 1/ GRADE 7
SY 2025-2026

Date: Vaccination: _____

SCHOOL	MR/ TD SCHOOL BASED IMMUNIZATION													% Accomplishment
	No. of enrolled pupils	No. of pupils given consent forms	No. of pupils with approved consent forms	No. of pupils with disapproved consent forms	No. pupils vaccinated w/ MR	No. pupils vaccinated w/ Td	No. of deferred	No. of deferred Td	Reasons for Deferral (Please indicate specific reasons for deferral encountered in the field "Others" will not be accepted)					
									Absent	Not feeling well	Fear	Refused	w/ Immunization < 1 mos	
Name of SCHOOL	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!
Section														#DIV/0!

Prepared by:

Noted:

 School Nurse

 School Head