



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

MEMORANDUM

**MEASLES, RUBELLA, TETANUS DIPHTHERIA (MR/Td)
SCHOOL-BASED IMMUNIZATION (SBI) SCHEDULE**

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

1. The Schools Division Office of Muntinlupa, in coordination with the City Health Office of Muntinlupa, announces the conduct of the MR/Td School-Based Immunization (SBI) Program for Grade 1 and 7 learners for School Year 2026-2027.
2. All schools are enjoined to fully support and facilitate the implementation of SBI Program. To ensure safe, smooth and effective delivery of immunization services, schools shall undertake the following:
 - a. disseminate and facilitate the accomplishment of parental consent forms for the immunization activity;
 - b. prepare the masterlist of eligible learners for Grade 1 and Grade 7 for Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccination;
 - c. conduct orientation sessions for school personnel, teachers and parents/guardians through meetings, flag ceremonies or posting and dissemination of IEC materials; and
 - d. facilitate the preparation and establishment of a designated vaccination area within the school premises.
3. Attached are the prescribed masterlist template to be used by schools in preparing the list of eligible learners, and the schedule of vaccination.
4. Schools shall submit to the Division Office, through the Health and Nutrition Unit, their vaccination accomplishment report one week after the conduct of the SBI activity.



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


VIOLETA M. GONZALES CESO VI
Schools Division Superintendent

Enclosure: As stated
References: DOH DM 0318 s.2025
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATION HEALTH LEARNERS

MML / DM – MR/Td School-based Immunization
410 / Sept 28, 2026

UN-2026-410



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SDO MUNTINLUPA
MR/ TD VACCINATION SCHEDULE
SY 2026-2027

DATE OF VACCINATION	NAME OF SCHOOL	TOTAL # OF GRADE 1 / GR 7 STUDENTS
13-Oct	Muntinlupa Science HS	164
14-Oct	Cupang ES - Annex	87
15-Oct	Filinvest Alabang ES	124
16-Oct	F. De Mesa ES	263
19-Oct	Putatan ES	427
20-Oct	Buli ES	200
21-Oct	Cupang ES - Main	459
22-Oct	Tunasan ES	395
23-Oct	Soldiers' Hills ES	291
26-Oct	Sucat ES - Z3/ Z4	145
27-Oct	Bagong Silang ES	197
28-Oct	Victoria Homes ES	296
4-Nov	Itaas ES	354
5-Nov	Sucat ES - Main	386
6-Nov	Bayanan ES - Unit I	438
9-Nov	Muntinlupa ES	605
10-Nov	Bayanan ES - Main	411
12-Nov	Poblacion ES	842
13-Nov	Alabang ES	755
16-Nov	Lakeview Integrated School- Gr1	351
17-Nov	Lakeview Integrated School- Gr7	623
18-Nov	Muntinlupa Business HS - Sucat Annex	619
19-Nov	Muntinlupa Business HS - Main	795
20-Nov	Poblacion National HS	745
23-Nov	Muntinlupa NHS	788
24-Nov	Tunasan National HS	1252
25-Nov	Pedro E. Diaz HS	1195
TOTAL GRADE 7		13207

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			
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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)			
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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