

Republic of the Philippines

Department of Education Schools Division of Benguet

October 18, 2021

DIVISION MEMORANDUM

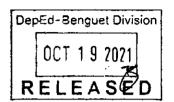
No. 407 s. 2021

To:

School Governance and Operations Division

Public Schools District Supervisors and District Heads School Heads of Concerned Public Elementary Schools School Heads of Concerned Public Secondary Schools

School Health Section Personnel Concerned



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Participation of DepEd in the 2021 Community-Based Immunization

- 1. Due to the suspension of face-to-face classes the annual implementation of the School-Based Immunization will be shifted to Community-Based Immunization (CBI) which shall be led by the DOH in partnership with the local government units (LGUs).
- 2. In this regard, the Department of Education under the OUA MEMO 00-0921-0236 request that participation and support of all personnel concerned in the school's division office, elementary and junior high schools.
- 3. The SDO School Health Section and field nurses shall participate in CBI-related activities of the DOH (e.g., virtual coordination, consultative meetings, orientations, awareness campaigns, etc.); and conduct of health promotion advocacies for teachers, parents and learners through appropriate platforms.
- 4. The DepEd nurses in the field shall prepare and consolidate the needed Master List of Learners (Grade 1, Grade 4, & Grade 7) for SY2020-2021 (see Annex A, B, & C) and endorse to their respective counterpart LGUs.
- 5. The participation of DepEd field nurses in the vaccination activity is voluntary but is highly encouraged. Their volunteering days in the CBI shall be counted as working days. This is for them to meet the required number of days to be entitled to hazard pay benefit.
- 6. Upon participation, the DepEd nurse shall only be assigned under the Fixed Site Administration approach and are expected to strictly follow minimum public health standards. The DOH shall provide them necessary personal protective equipment (PPE), alcohol, sanitizers, and other disinfectants to ensure their safety.

GLORIA B. BUYA-AO



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Public Schools District Supervisors and District Heads School Heads of Concerned Public Elementary Schools School Heads of Concerned Public Secondary Schools

School Health Section Personnel Concerned

DepEd-Benguet Division

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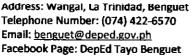
RELEASED

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GLORIA B. BUYA-AO Schools Division Superintendent









Annex A. Reporting Forms For 2021 Community-based MR-Td immunization

Community Based Immunization Activity RECORDING FORM 1: MR-Td (8-7 Years Old)

Province:

Region:

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	Deferred (D)/ Refusal (R)																									
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	Date of Vaccination Given	MR																								
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	Sick Today?	> -																								
Team	History of allergies (food, meds, previous immunization)																									
Vaccination	Sex																									
up by the V	Age																									
To be filled up by the Vaccination Team	Date of Birth (mmddyy)																									
	Date (mm				_											Н										
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	Name	Name																								
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Annex B. Reporting Forms For 2021 Community-based MR-Td Immunization

Community Based Immunization Activity RECORDING FORM 1: HPV (9-14 Years Old)

Province: Municipality:

Region:

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	Vaccinated Deferral (VD)/ Vaccinated Refusal (VR)																									
	Deferred (D)/ Refusal (R)																									
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	Date of Vaccination Given	MR																								
	~	z																								
	Sick Today?	>																								
Team	History of allergles (food, Sic meds, previous immunizat fion)																									
be filled up by the Vaccination Team	Sex																									
up by the	Age																									
To be filled	Date of Birth (mmddyy)																									
	Complete Address																									
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Annex & Reporting Forms For 2021 Community-based MR-Td Immunization

Province:

Region:

Community Based Immunization Activity RECORDING FORM 1: MR-Td (12-13 Years Old)

Remarks Vaccinated Deferral (VD)/ Vaccinated Refusal (VR) Deferred (D)/ Refusal (R) Date of Vaccination Given 먇 Σ Sick Today? History of allergies (food, Sic meds, previous Y immunizati oon) To be filled up by the Vaccination Team Sex Age Date of Birth (mmddyy) Complete Address Name Municipality: ġ