Republic of the Philippines
Department of Education
Region V– Bicol
SCHOOLS DIVISION OFFICE OF LIGAO CITY

Office of the Schools Division Superintendent

90826492

September 8, 2026

DIVISION MEMORANDUM
No. 0445 s. 2026

IMPLEMENTATION OF SCHOOL-BASED IMMUNIZATION PROGRAM (SBIP) FOR SCHOOL YEAR 2026-2027

To: Assistant Schools Division Superintendent
Chief Education Supervisors of CID and SGOD
Public Elementary and Secondary School Heads
All Others Concerned

1. In compliance with DOH Memorandum No. 2025-0318, dated July 10, 2025, titled "Revised Guidelines on the Implementation of School-Based Immunization Program (SBI)", this Office in coordination with the Ligao City Health Office shall be conducting the School-Based Immunization in all public schools this **October 2026.**

2. The program aims to protect learners against vaccine-preventable diseases, particularly measles, rubella, tetanus, diphtheria, and human papillomavirus (HPV).

3. The target learners are Grade 1 and Grade 7 learners for MR-Td vaccination, and Grade 4 female learners for HPV vaccination.

4. The immunization shall be administered by Ligao City Health Office personnel, with support from DepEd health and school personnel and Barangay Health Workers. Proper management of Adverse Events Following Immunization (AEFI) shall be ensured.

5. Parents/guardians shall be provided with a consent form, which must be duly accomplished and retrieved by the class advisers before the scheduled immunization.

6. School Health Coordinators shall accomplish the SBI Masterlist of Learners and submit it to the School Health and Nutrition Unit (SHNU) **not later than September 30, 2026.**

7. Attached are the Notification Letter, Consent Form, SBI Masterlist, and Post-Narrative Report Form for your guidance. The schedule of immunization will be posted separately through another advisory.

8. For the information, guidance, and compliance of all concerned.

NYMPHA D. GUEMO
Schools Division Superintendent

Binatagan, Ligao City, 4504
ligao.city@deped.gov.ph
depedligaocity.net

Republika ng Pilipinas
Rehiyon____

BAGONG PILIPINAS

LIHAM NG PAUNAWA

PETSA: _____

DIBISYON: _____
PAARALAN: _____
ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pampublikong Mababang Paaralan / Mataas na Paaralang ito ng pagbabakuna laban sa Tigdas-Rubella (Measles-Rubella) at Tetano-Diptcrya (Tetanus-Diphtheria) sa mga batang *Grade 1* at *Grade 7*, at Humanpapilloma Virus (HPV) vaccine sa mga babaeng *mag-aaral sa Grade 4 na may* edad siyam (9) na taong gulang) sa koordinasyon ng Kagawaran ng Kalusugan (DOH) at ng Lokal na Pamahalaan (LGU).

Ang abisong ito ay inilalabas sa inyo bilang impormasyon ng mga aktibidad na isasagawa para sa SY 2026 – 2027. Kung mayroon kayong karagdagang mga tanong / kailangang linawin ukol sa bagay na ito, mangyaring makipag-ugnayan sa Punong-guro / Pinuno ng Paaralan.

Maraming salamat po.

Taos-pusong sumasainyo,

_____
(Lagda at Pangalan ng Punong-guro/ Pinuno ng Paaralan)

PAGBIBIGAY NG PAHINTULOT

Ito ay pagpapatunay na nabasa at naunawaan ko ang impormasyon tungkol sa mga serbisyong pangkalusugan na nakalaang ibigay sa aking anak.

Pangalan ng Bata			**Araw ng Kapanganakan (mm/dd/yyyy)**	
Apelyido:	Unang Pangalan:	Gitnang Pangalan:	/ /	
Impormasyon sa Pakikipag-ugnayan			**Edad**	**Kasarian**
Contact Number:	Pangalan ng Paaralan:			

***PRE-VACCINATION CHECKLIST* (Para sa magulang / tagapag-alaga na kumpletuhin)**

Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humingi ng sertipikasyon galing sa inyong doktor kung ito ay may ang anumang sumusunod na kalagayan (mangyaring lagyan ng tsek (√) ang anumang kondisyon na mayroon ang bata):

- Ang aking anak ay may kasaysayan ng matinding *allergy* sa bakunang laban sa tigdas o *tetanus-diphtheria*.
- Ang aking anak ay may malubhang sakit:
  - *Primary immune – deficiency disease*
  - *Suppressed immune response from medications*
  - *Leukemia*
  - *Lymphoma*
  - Iba pang *generalized malignancies*
- Wala, ang aking anak ay malusog.

PAHINTULOT SA PAGBABAKUNA

(Pakilagyan ng ✓ ang kahon)

☐ Oo, papayagan kong mabigyan ng mga serbisyong pangkalusugan ang aking anak ayon sa rekomendasyon ng DOH.
- Grade 1 (MR, Td)
- Grade 4 na babae na may siyam (9) na taong gulang (HPV)
- Grade 7 (MR, Td)

☐ Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil: _____.

Nauunawaan ko na sa pamamagitan ng hindi pagsasailalim sa kinakailangang pagbabakuna, maaaring mas mataas ang panganib ng aking anak na magkasakit ng mga karamdaman na maaaring maiwasan sa pamamagitan ng bakuna. Sa pamamagitan ng paglagda sa abisong ito, kinikilala ko na nabasa at naunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak ng mga kinakailangang bakuna para sa paaralan.

_____
Pangalan at Lagda ng Magulang/Tagapag-alaga

Republic of the Philippines
Department of Education
Region V– Bicol
SCHOOLS DIVISION OFFICE OF LIGAO CITY

POST – ACTIVITY REPORT

SCHOOL-BASED IMMUNIZATION PROGRAM (SBIP) CY 2026

School: _____

Date Conducted: _____

I. SBIP ACCOMPLISHMENT

Particulars	MR-Td Grade 1		MR-Td Grade 7		HPV Grade 4 Female	Percentage %
	Male	Female	Male	Female	Female	
Enrollment						
No. of learners **signed consent**						
No. of learners **vaccinated**						
No. of learners **refusal**						
No. of learners **with AdverseEvent Following Immunization (AEFI)**						

II. NARRATIVE REPORT

_____

_____

III. ISSUES /CONCERNS

_____

_____

IV. ACTION TAKEN

_____

_____

V. DOCUMENTATION

Prepared by:

_____
School Health Coordinator or PDO or AO

Noted:

_____
School Head

SCHOOL-BASED IMMUNIZATION

Recording Form 1: Masterlist 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
Number of Vaccine
Number of Vaccine

To be filled out by Local Health Center / Vaccination Team

	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Consent Slip		History of Allergies	Sick today?		Vaccine Given				Deferral	Re
						Y	N		Y	N	MR	Lot/Batch No.	Td	Lot/Batch No.		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

_____ Name & Signature of

_____ Name & Signature of Vaccinator 1

_____ Name & Signature of Vaccinator 2

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code Reasons

1 Parent was absent/ away from home
2 Fear of vaccine Side effect
3 Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
5 Fear of COVID transmission
6 Vaccine perceived to be not effective, of low-quality or on near-expiry
7 Client is a newborn and parents believed that her/his child is too young to be

Code Reasons

10 Lack of trust in the vaccinator
11 Child just recovered from illness or just dischaged from the hospital, the parent/ caregiver refused:
12 Unaware of the campaign
13 Vaccine team did not visit
14 Child was a from a different area
15 Child was acutely sick or not feeling well

SCHOOL-BASED IMMUNIZATION

Recording Form 3: Masterlist of All Enrolled Female Students Aged 9 years old

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 MM/DD/YYYY**	**Age**	**Sex**	**Date of HPV**		**Consent**		**History of Allergies**	**Sick**		**Vaccine Given**				**Defer l**
						HPV 1	**HPV 2**	**Y**	**N**		**Y**	**N**	**HPV 1**	**Lot/Batch No.**	**HPV 2**	**Lot/Batch No.**	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Name & Signature of Supervisor | **Name & Signature of Vaccinator 1** | **Name & Signature of Vaccinator 2** | **Name & Signature of Recorder**

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code Reasons

1 Parent was absent/ away from home
2 Fear of vaccine Side effect
3 Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
5 Fear of COVID transmission
6 Vaccine perceived to be not effective, of low-quality or on near-expiry

Code Reasons

10 Lack of trust in the vaccinator
11 Child just recovered from illness or just dischaged from the hospital, the parent/ caregiver refused:
12 Unaware of the campaign
13 Vaccine team did not visit
14 Child was a from a different area

SCHOOL-BASED IMMUNIZATION

Recording Form 2: Masterlist of Grade 7 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
Number of Vaccine
Number of Vaccine

To be filled out by Local Health Center / Vaccination Team

	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YYYY	Age	Sex	Consent Slip		History of Allergies	Sick today?		Vaccine Given				Deferral	R
						Y	N		Y	N	MR	Lot/Batch No.	Td	Lot/Batch No.		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

_____ Name & Signature of Supervisor

_____ Name & Signature of Vaccinator 1

_____ Name & Signature of Vaccinator 2

REASONS FOR BEING UNVACCINATED

(Select all that apply for the HH)

Code Reasons

1 Parent was absent/ away from home
2 Fear of vaccine Side effect
3 Vaccine safety issues (dengue vaccine experience, past adverse experience, etc.)
4 Child already has complete routine vaccination, extra vaccine dose not necessary, so parents refused
5 Fear of COVID transmission
6 Vaccine perceived to be not effective, of low-quality or on near-expiry
7 Client is a newborn and parents believed that her/his child is too young to be given vaccination

Code Reasons

10 Lack of trust in the vaccinator
11 Child just recovered from illness or just dischaged from the hospital, the parent/ caregiver refused:
12 Unaware of the campaign
13 Vaccine team did not visit
14 Child was a from a different area
15 Child was acutely sick or not feeling well
16 Do not know/ declined to respond