



Republika ng Pilipinas  
**KAGAWARAN NG EDUKASYON**  
**REHIYON \_\_\_\_\_**  
Lungsod ng \_\_\_\_\_  
Tanggapang Panrehiyon



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**NOTIFICATION LETTER**

DIVISION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Dear Mr. & Mrs.: \_\_\_\_\_

The Department of Education- Division of \_\_\_\_\_, in coordination with Provincial/ City Health Office of \_\_\_\_\_ and Center for Health Development Region 7 shall conduct free immunization against Measles, Mumps, Rubella (MMR) and Tetanus, Diphtheria (Td) among all public secondary students (Grade 7 to Fourth Year) on August 1- 31, 2013. This activity is one of the identified components in the Department of Health- Center for Health Development (DOH- CHD) Adolescent Health and Development Program.

Adolescent age group makes up a significant proportion of each country's population. In the Philippines, they comprise about 21.5 percent or almost 20 million of the 92 million Filipinos counted in the 2010 census (NSO, 2010) as cited by the University of the Philippines Population Institute. They are the major contributors to the labor force and thus form the backbone of each country's economy.

There were 1,383 reported measles cases in 2011 among age group 10-19 years nationwide. For Neonatal Tetanus, there was an increase reported cases of 147 in 2010 to 186 in 2011. Thus, the conduct of School- Based Immunization among Adolescents is essential in eradicating vaccine- preventable diseases.

This Notification is being issued to you as information of the activity that will be conducted on \_\_\_\_\_. Should you have further questions/clarifications on this matter, please get in touch with the School Head/Principal.

Attached is a copy of DepEd Regional Memo No. 453, s. 2013. For further inquiries, please approach the principal at the Principal's office.

Thank you.

Very truly yours,

\_\_\_\_\_  
(Name of School Head/Principal)

## ACKNOWLEDGEMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of School- based Immunization.

I have read and understood the information regarding the MMR and Td Vaccination among Adolescents and that **PREGNANCY is a contraindication.**

(Please check the box provided)

- Yes, I allow my child to be vaccinated with MMR and Td.
- No, I don't allow my child to be vaccinated with MMR and Td.

Reason (Please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Student

\_\_\_\_\_  
Name and Signature of Parent/ Guardian

**MASTERLIST OF ADOLESCENTS FOR IMMUNIZATION**  
**ADOLESCENTS HEALTH AND DEVELOPMENT PROGRAM**  
**(GRADE 7 TO FOURTH YEAR)**

Region: \_\_\_\_\_  
 Province/City: \_\_\_\_\_  
 Date: \_\_\_\_\_

District: \_\_\_\_\_  
 Name of School: \_\_\_\_\_  
 Year Level: \_\_\_\_\_  
 Section: \_\_\_\_\_

No.	Name	Complete Address	Date of Birth (MM/DD/YY)	Age	Sex	To be filled up by the school					To be filled up by the vaccination team		REMARKS (Any Yes response, defer immunization. Refer to Medical Officer)			
						Return Slip Submitted	History of Allergies (meds, food, previous injxn of MMR/d) (Y/N)	Active Untreated TB (Y/N)	Blood disorders (ex. Bleeding tendencies) (Y/N)	Last Menstrual Period (for FEMALE ONLY)	History of sexual contact in the past 4 weeks (for FEMALE only) (Y/N)	Sick today? (fever, cough, diarrhea) (Y/N)		Date Vaccine Given		
						Y	N	Y	N	Y	N	Y	N	MMR (R arm)	Td (L arm)	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Total: \_\_\_\_\_

Note: Alphabetical, separate male/female  
 6 pages/section



VACCINATION CARD



Malusog na Kabataan, Kabalik at  
Pag-asa para sa Kaunlaran : Magpabakuna



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Vaccine Type	Date Given	Signature of Vaccinator
MMR		
Td		

Keep this card for future reference

VACCINATION CARD



Malusog na Kabataan, Kabalik at  
Pag-asa para sa Kaunlaran : Magpabakuna



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Vaccine Type	Date Given	Signature of Vaccinator
MMR		
Td		

Keep this card for future reference

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Malusog na Kabataan, Kabalik at  
Pag-asa para sa Kaunlaran : Magpabakuna



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Vaccine Type	Date Given	Signature of Vaccinator
MMR		
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Malusog na Kabataan, Kabalik at  
Pag-asa para sa Kaunlaran : Magpabakuna



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Vaccine Type	Date Given	Signature of Vaccinator
MMR		
Td		

Keep this card for future reference