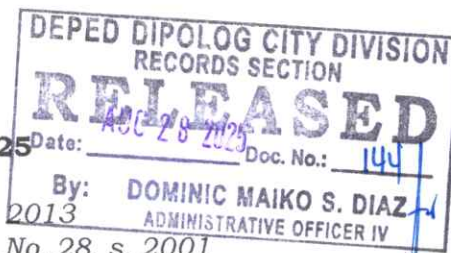


DIVISION ADVISORY NO. 144, s. 2025

27 August 2025

(In compliance with DepEd Order No. 8 s. 2013
this Advisory is issued not for endorsement per DO No. 28, s. 2001
but only for the information of DepEd Officials,
personnel/ staff, as well as the concerned public)
(Visit www.depeddipolog.net)



**PREPARATION FOR THE 2025 SCHOOL-BASED IMMUNIZATION (SBI)
ACTIVITIES IN ALL PUBLIC SCHOOLS OF THE DEPARTMENT OF EDUCATION**

In reference to Regional Advisory No. 283, s. 2025 and the Department of Health (DOH) Revised Guidelines on the Implementation of School-Based Immunization, this Division strongly encourages all schools to extend their full support in the preparation and implementation of School-Based Immunization activities for eligible learners.

As part of the preparatory activities, the Department of Health (DOH) urges all schools to accomplish the **SBI Readiness Assessment Tool (RAT)** through the following link: <https://web.inform.unicef.org/x/KSPtSCPs>.

The assessment shall be conducted in **three rounds** as scheduled below:

Schedule Period	Date
1 st Assessment	August 27 - 29, 2025
2 nd Assessment	September 1 - 5, 2025
3 rd Assessment	September 15 - 19, 2025

All schools are enjoined to accomplish the tool within the specified periods to ensure readiness and smooth implementation of the program.

In addition to the SBI Readiness Assessment Tool, all schools are reminded to accomplish the **Masterlist/Recording Forms** for eligible learners. These must be **duly filled out by the advisers** of Grade 1, Grade 4 (female only), and Grade 7 per section, using the appropriate recording forms and fill-out the following columns only (*name, complete address, date of birth, age and sex*).

Enclosed are the SBI Recording Forms, which may also be accessed via this link: https://bit.ly/Masterlist_SBI.

Active participation and cooperation of all schools is crucial to the success of the program. Thus, to ensure the smooth flow of activities, School Heads must designate an **SBI School Focal Person** who will oversee and facilitate the implementation of the program at the school level.

Immediate and widest dissemination of this Advisory is highly desired.

For inquiries and clarifications, kindly contact:

- **GEILOU O. YABRES**
Nurse II
Division SBI Focal Person
0950-757-1322.



SCHOOL-BASED IMMUNIZATION RECORDING FORM 1: Masterlist of Grade 1 Students



Region: **IX** Name of School: _____ Section: _____
 Barangay: _____ District/Municipality: _____
 City/Province: **Dipolog City** Date: _____

MR: _____ Td: _____
 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 MCV Received		Consent Slip		History of Allergies	Sick Today? (Fever, Etc)		Vaccine Given						Deferral	Refusal	Reasons
					MCV 1	MCV 2	Yes	No		Y	N	MR 1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent was absent /away from home	10	Lack of trust in the vaccinator
2	Fear of vaccine Side Effect	11	Child just recovered from illness or just discharged from the hospital, so the parent/caregiver refused.
3	Vaccine safety issues (dengue vaccines experience, past adverse experience, etc.)	12	Unaware of the campaign
4	Child has already Completed routine vaccination, extra vaccine dose was not necessary, so parents refused	13	Vaccine team did not visit
5	Fear of COVID transmission	14	Child was from a different area
6	Vaccine perceived to be not effective, of low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a newborn, and parents believed that her/his child it too young to be given vaccination	16	Do not know/declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs, thus parents/caregiver refused	17	Outright refusal
9	Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief	18	Others (specify)



SCHOOL-BASED IMMUNIZATION RECORDING FORM 2: Masterlist of Grade 7 Students



Region: IX Name of School: _____ Section: _____
Barangay: _____ District/Municipality: _____
City/Province: Dipolog City Date: _____

MR: _____
Number of Vaccine Received (in Vials): _____
Number of Vaccine Used (in Vials): _____
Number of Vaccine Unused (in Vials): _____
Td: _____
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/D/Y YYY)	Age	Sex	Date of MCV Received		Consent Slip		History of Allergies	Sick Today? (Fever, Etc)		Vaccine Given						Deferral	Refusal	Reasons
						MCV 1	MCV 2	Ye s	No		Y	N	MR 1	Lot/Batch No.	MR 2	Lot/Batch No.	Td	Lot/Batch No.			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent was absent /away from home	10	Lack of trust in the vaccinator
2	Fear of vaccine Side Effect	11	Child just recovered from illness or just discharged from the hospital, so the parent/caregiver refused.
3	Vaccine safety issues (dengue vaccines experience, past adverse experience, etc.)	12	Unaware of the campaign
4	Child has already Completed routine vaccination, extra vaccine dose was not necessary, so parents refused	13	Vaccine team did not visit
5	Fear of COVID transmission	14	Child was from a different area
6	Vaccine perceived to be not effective, of low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a newborn, and parents believed that her/his child it too young to be given vaccination	16	Do not know/declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs, thus parents/caregiver refused	17	Outright refusal
9	Peculiar personal beliefs of misconception of parents or caregiver on vaccination against religious belief	18	Others (specify)



SCHOOL-BASED IMMUNIZATION RECORDING FORM 3: Masterlist of Grade 4 Female Students



Region: IX Name of School: _____ Section: _____

Barangay: _____ District/Municipality: _____

City/Province: Dipolog City 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 (M/D/Y)	Age	Sex	Date of MCV Received		Consent Slip		History of Allergies	Sick Today? (Fever, Etc.)		Vaccine Given				Deferral	Refusal	Reasons
						HPV 1	HPV 2	Yes	No		Y	N	HPV 1	Lot/Batch No.	HPV 2	Lot/Batch No.			
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

Reasons For Being Unvaccinated

Code	Reasons	Code	Reasons
1	Parent was absent /away from home	10	Lack of trust in the vaccinator
2	Fear of vaccine Side Effect	11	Child just recovered from illness or just discharged from the hospital, so the parent/caregiver refused.
3	Vaccine safety issues (dengue vaccines experience, past adverse experience, etc.)	12	Unaware of the campaign
4	Child has already Completed routine vaccination, extra vaccine dose was not necessary, so parents refused	13	Vaccine team did not visit
5	Fear of COVID transmission	14	Child was from a different area
6	Vaccine perceived to be not effective, of low quality or near expiry	15	Child was acutely sick or not feeling well
7	Client is a newborn, and parents believed that her/his child it too young to be given vaccination	16	Do not know/declined to respond
8	Child was already vaccinated by private MD, against advised by private MDs, thus parents/caregiver refused	17	Outright refusal
9	Peculiar personal beliefs or misconceptions of parents or caregiver on vaccination against religious belief	18	Others (specify)