



Republic of the Philippines  
Department of Education  
Region XII



**CITY SCHOOLS DIVISION OF TACURONG**  
City of Tacurong

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**DIVISION MEMORANDUM**

SGOD No. 25, s. 2019

TO: **ASDS**  
**Chiefs, CID and SGOD**  
**Education Program Supervisors**  
**Cluster Heads**  
**Public Elementary and Secondary School Heads**  
**Private School Heads**  
**This Division**

FROM: **LEONARDO M. BALALA, CESE**  
**Schools Division Superintendent**

SUBJECT: **IMPLEMENTATION OF MEASLES OUTBREAK VACCINATION AND SCHOOL-BASED IMMUNIZATION PROGRAM FOR S.Y. 2019-2020**

DATE: June 18, 2019

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1. In relation to the conduct of the Measles outbreak vaccination and School-Based Immunization Program in the month of June to September 2019 and in collaboration with the City Health Services of the Department of Health, the measles supplemental immunization activity, shall be conducted to **all learners from Kindergarten to Grade 7** in public schools with zero (0) or one (1) dose of Measles Rubella Vaccine (MRV). All identified learners shall receive one **(1) dose of the Measles Containing vaccine**.
  2. **All Grade 1 and 7 learners** will also receive one **(1) dose of Tetanus-Diphtheria Vaccine** regardless of immunization status. Furthermore, **all Grade 4 female learners** will receive one **(1) dose of Human Papilloma Virus (HPV) vaccine**.
  3. For private schools, learners may be accommodated in the SBI provided that a letter of intent addressed to the City Health Office is received from the school head. Hence, all

private School Heads are advised to coordinate with the City Health Officer soonest time possible in view of the occurrence of measles outbreak.

4. Anent thereto, for public schools, the activity requires **strict compliance of Parent's Consent** hence, teachers and division nurses in partnership with the barangay/municipal health personnel will take the lead in information dissemination. There must be two copies of masterlists of Learners and shall be also consolidated by the classroom teachers and one(1) copy will be submitted to the school clinic in-charge and another one (1 ) copy to the barangay health station personnel.
5. For more inquiries and reports, please contact **APRIL JANE L. DUADUA, RN** *Division Nurse* at mobile number **09295443707**. Partial reports will be submitted every Friday @ 1:00 pm thru text message. On August 30, 2019, consolidated reports per school will be submitted using the templates attached.
6. For information, appropriate action and preferential attention.



**CITY SCHOOLS DIVISION OF TACURONG**  
 City of Tacurong

**2019 Measles Supplementation Immunization Activity ( School -Based)**  
 Kinder- Grade VII  
 Region : XII

**CLASSROOM MASTERLIST FORM**  
 SY 2019-2020

School: Grade & Section:					Barangay:			Enrolees:	Class Adviser:				
	No.	Complete Name	Age	Sex	Complete Address (Purok & Barangay)	City:	Province:	Male:	Female:	School Head:	School Nurse:		
Parent's Consent												Giving MCV during SIA/SBI	
						Agreed	Refused	Yes	No	Refused	Absent	Sick	Others

Prepared by: \_\_\_\_\_

Noted by: \_\_\_\_\_

Classroom Adviser \_\_\_\_\_

School Head \_\_\_\_\_

DepEd/School Nurse \_\_\_\_\_

**CITY SCHOOLS DIVISION OF TACURONG**  
 City of Tacurong

**2019 Measles Supplementation Immunization Activity ( School -Based)**  
 Grade 1 and Grade 7  
 Region: XII

**CLASSROOM MASTERLIST FORM**  
**SY 2019-2020**

School:	Grade & Section:			Barangay:	Enrolees:	Class Adviser:													
	City:			Province:	Male:	School Head:	School Nurse:												
No.	Complete Name	Age	Sex	Complete Address (Purok& Barangay)	Parent's Consent		Giving MCV		Reason for not giving MCV		Giving Td vaccine		Reason for not giving Td						
					Agreed	Refused	Yes	No	Refused	Absent	Sick	Others	Yes	No	Refused	Absent	Sick	Others	

Prepared by:

Classroom Adviser

Noted by:

School Head

DepEd/School Nurse