



Republic of the Philippines
Department of Education
Region XII
Schools Division Office of Tacurong City

January 17, 2025

DIVISION MEMORANDUM

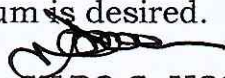
SGOD No. 008, s. 2025

FLU VACCINATION PROGRAM TO DEPED PERSONNEL

TO: Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation and
Schools Governance and Operations Division
School Head
Tacurong Pilot Elementary School
This Division

1. In line with the Department of Education's commitment to promoting the health and well-being of personnel, in partnership with the Local Government Unit and Department of Health-City Health Office, there will be a conduct of **Flu Vaccination Program** to all SDO and Tacurong Pilot Elementary School personnel.
2. This activity aims to prevent the spread of influenza and ensure a healthy working environment for all personnel. Details of the vaccination program are as follows:

Date: January 21, 2025
Time: 8:30 am – 9:00 am
Venue: SDO Conference Hall
Eligible Participants: SDO Personnel and TPES Teaching & Non-Teaching Personnel
3. All personnel are advised to **accomplish the screening and consent form** provided.
4. Should there be queries and clarification, you may contact Ms. April Jane L. Duadua, RN thru this number: 09295443707.
5. Wide dissemination of this Memorandum is desired.


GILDO G. MOSQUEDA, CEO VI
Schools Division Superintendent

Enclosure: None
References: Letter from the Office of the City Mayor
Allotment: None
To be indicated in the Perpetual Index under the following Subjects:

FLU VACCINATION PROGRAM



Address: Alunan Highway, Poblacion, Tacurong City 9800
Telephone Numbers: (064)-200-6316; 0919-065-6425
Email: tacurong.city@deped.gov.ph
Website: depedtacurong.org



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FLU Vaccine 13 Screening and Consent Form

Section 1: Information

Full Name

Date of Birth (MM/DD/YY)

Address

Vital Signs:

Temperature: _____ °C

Division/ Designation

Blood Pressure: _____ mm/hg

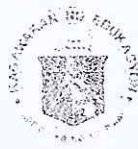
Section 2: Vaccine Eligibility and Screening

Please answer the questions below to allow us to assess your suitability to receive the vaccine

1. Have you ever received a PNEUMONIA vaccine? If yes, date of latest PNEUMONIA vaccine shot (MM/DD/YYYY) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever experienced any problems after receiving a flu/pneumonia vaccine or any vaccine in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you allergic to eggs or egg products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had any severe allergies (to anything) in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a high fever or are you currently unwell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a history of Guillain Barre Syndrome (severe muscle weakness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you allergic to Neomycin or Polymyxin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any medical conditions that the nurse should be aware of prior to you receiving a vaccination (such as, a chronic illness, bleeding disorder, do not have a functioning spleen)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you planning a pregnancy, currently pregnant or breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dr. Katrina May S. Yensale
 Medical Officer III - CSDT
 Lic. No. 0152294





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Section 3: Consent

I have had access to the Vaccine Information Statement and have read or have had explained to me the information about influenza and influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR CLINICAL USE ONLY

Section 4: Vaccination Record

Place Sticker Here	Vaccination site	
	Left Deltoid	Right Deltoid
Vaccinator's Name and Signature	Date and Time:	
Post- Vaccination Notes: Temperature: _____ Blood Pressure: _____		





Republic of the Philippines
City Government of Tacurong
OFFICE OF THE CITY MAYOR

BAGONG PILIPINAS

MEMORANDUM
No. 25-01-124

TO : MR. RODRIGO P. JAMORABON, DPA
Private Secretary II

FROM : The City Mayor

DATE : January 14, 2025

SUBJECT : To assist the City Health Personnel relative to FLU Vaccination Program Dissemination



You are hereby directed to assist the City Health Personnel relative to FLU Vaccination Program dissemination to the following offices to wit:

1. BIR
2. DOLE
3. SSS
4. TESDA
5. DEPED.

For compliance.


JOSEPH GEORGE L. LECHONSITO, MD., DPA

/rgc

Abante Tayo! Atense Tacurong!