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

September 10, 2026

DIVISION6MEMORANDUM
SGOD-2026-156

IMPLEMENTATION OF THE 2026 SCHOOL-BASED IMMUNIZATION (SBI) PROGRAM

TO: Assistant Schools Division Superintendent
Chiefs, Curriculum Implementation and
Schools Governance and Operations Divisions
Elementary and Secondary School Heads
Elementary and Secondary (Public)
This Division

1. In reference to the RM-No. 075 s-2026- entitled IMPLEMENTATION OF THE 2026 SOCCSKSARGEN SCHOOL-BASED IMMUNIZATION PROGRAM, this Division, through School Health Section in Partnership with City Health Tacurong, enjoins all public schools in the implementation of the **School-Based Immunization Program** to address the need to reduce the prevalence of vaccine- preventable diseases among school-age children.

2. DepEd as partner agency and member of SOCCSKSARGEN Region Immunization Coalition, remains committed to promoting the health and welfare of learners in Region XII and shall collaborate with relevant stakeholders in the implementation of the School-Based Immunization Program from **September 15 to November 15, 2026.**

3. School Based Immunization covers **Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines for Grade 1 and Grade 7 learners, and Human Papilloma Virus (HPV) vaccine for Grade 4 female learners and Grade 5 female learners who were not vaccinated last 2025.**

4. To ensure the effective implementation of the program, schools and concerned personnel shall perform the following duties and responsibilities:

A. School

a. Provide list of schedules to local health authority or vaccination team for school-based immunization with observation of no interruption of classes. Strategies such pull out system (individual or by pair) or maximizing the recess time may be utilized.

b. Provide accurate master lists of learners in Grade 1, 4 (female), grade 5 (unvaccinated female of HPV vaccine), and 7 to the assigned vaccinators at least 7 days prior to school vaccination activities.

c. Engage Parents Teachers Association (PTA) and school assemblies to secure parental support and address vaccine hesitancy.

d. Ensure safe, organized, and learner-friendly venues for immunization activities within school.

e. Work closely with Rural and Barangay Health Units/local health authority to ensure smooth coordination and successful implementation.

f. Teachers-in Charge or School Health Personnel through class adviser shall disseminate and collect the consent form prior to administration of vaccine.

g. The activity requires strict compliance of **Parent's consent**; School Heads are enjoined to lead the activity and secure consent forms duly signed by the parents/guardians before vaccination day. The consent used on the first dose will serve as their permit on the second dose. Thus, retrieval of consents must be done by the class adviser.

B. School Health Personnel

a. Work closely through series of coordination meetings with Rural and Barangay Health Units to ensure smooth coordination and successful implementation.

b. Give technical assistance to schools in implementing school-based immunization such as but not limited to resource speakership for information, education, and communication.

c. Monitor and follow-up school for the schedule of school-based immunization.

d. School health personnel may participate in the conduct of SBI 2026 especially in School Based Immunization Campaign and Health Education without comprising the Okay sa DepEd Programs and Learners' Health Assessment and Screening.

5. For more information and concerns please contact **Dr. James Ivan Pano, Medical Officer III and April Jane L. Duadua, RN, Division Nurse II at 09602669233**.

6. Attached is the template for master list and consent needed for this activity.

7 For dissemination and compliance.

CARLOS G. SUSARNO PHD., CESO VI
Assistant Schools Division Superintendent
Officer-in-charge
Office of the Schools Division Superintendent

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

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

SCHOOL-BASED IMMUNIZATION SCHEDULE SY 2026-2027

NAME OF SCHOOL	SCHEDULE
TACURONG PILOT ES	**Sept 16, 2026 Kick- off** Then Sept 21-25, 2026
JOSE V.LAGON ES	Sept 21-25, 2026
JOSUE ALCASID CS	Sept 21-25, 2026
NEW LAGAO ES	Sept 21-25, 2026
CASILDA P. VENUSE ES	Sept 28-Oct 02, 2026
PEDREGOSA ACOSTA ES	Sept 28-Oct 02, 2026
VICTORIA P. DASMARINAS ES	Sept 28-Oct 02, 2026
J. HECTOR LACSON ES	Sept 28-Oct 02, 2026
LANCHETA MAGALLON ES	Sept 28-Oct 02, 2026
RAJAH MUDA ES MAIN	Sept 28-Oct 02, 2026
RAJAH MUDA ES BEAM	Sept 28-Oct 02, 2026
SAN EMMANUEL ES	Sept 28-Oct 02, 2026
LOURDES PAMA ES	Sept 28-Oct 02, 2026
VIRGINA F. GRINO NHS	Sept 28-Oct 02, 2026
AMADO FERNANDES SR CES	Oct 05-09, 2026
MA. Z. BAYYA ES	Oct 05-09, 2026
SAN ANTONIO ES	Oct 05-09, 2026
ELISA P. BERNARDO ES MAIN	Oct 05-09, 2026
ELISA P. BERNARDO ES BEAM	Oct 05-09, 2026
TACURONG NATIONAL HS	Oct 05-09, 2026
RAJAH MUDA NHS	Oct 05-09, 2026
TINA ES	Oct 12-16, 2026
SAN RAFAEL ES	Oct 12-16, 2026
MA. A. MONTILLA MEMORIAL ES	Oct 12-16, 2026
DR. MANUEL GRINO MEMORIAL CS	Oct 12-16, 2026
BUENAFLOR ES	Oct 12-16, 2026
ABANG SUIZO IS	Oct 12-16, 2026
NEW ISABELA CENTRAL ES	Oct 12-16, 2026
UPPER KATUNGAL NHS	Oct 12-16, 2026
APOLINARIO S. BERNARDO NHS	Oct 12-16, 2026
SAN EMMANUEL NHS	Oct 19-23, 2026
SAN PABLO NHS	Oct 19-23, 2026
KALANDAGAN ES	Oct 19-23, 2026

The School-Based Immunization (SBI) Program will be implemented in schools from September 16 to October 23, 2026. The remaining days will be allotted for catch-up activities until November 15, 2026 to ensure that all eligible learners who were unable to receive the vaccines during the scheduled implementation will be accommodated.

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

SCHOOLS DIVISION OFFICE OF TACURONG

City of Tacurong

School -Based Immunization Activity

Grade 4 Female and Grade 5 Female

Region: XII

CLASSROOM MASTERLIST FORM

SY 2026-2027

School:					Barangay:		
Grade & Section:					City:		
					Province:		
No.	Complete Name	Age	Sex	Complete Address (Purok& Barangay)	Parent's Consent		Remarks
					Agreed	Refused	

Prepared by:

_____

Classroom Adviser

Noted by:

_____

School Head

_____

DepEd/School Nurse

SCHOOLS DIVISION OFFICE OF TACURONG

City of Tacurong

School -Based Immunization Activity

Grade 1 and Grade 7

Region: XII

CLASSROOM MASTERLIST FORM

SY 2026-2027

School:					Barangay:		
Grade & Section:					City:		
					Province:		
No.	Complete Name	Age	Sex	Complete Address (Purok& Barangay)	Parent's Consent		Remarks
					Agreed	Refused	

Prepared by:

_____

Classroom Adviser

Noted by:

_____

School Head

_____

DepEd/School Nurse

Republika ng Pilipinas
Rehiyon SOCCSKSARGEN

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-dipterya (Tetanus-Diphtheria) sa mga batang Grade 1 at Grade 7, at Humanpapilloma Virus (HPV) Vaccine sa mga babaeng Grade 4 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

_____
Punong-guro

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
Apelyido:	Unang Pangalan:	Gitnang Pangalan:	(mm/dd /yyyy)

Impormasyon sa Pakikipag-ugnayan		Edad:	Kasarian:
Contact Number:	Pangalan ng Paaralan: Maria Z. Bayya Elementary School		

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

Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humihingi ng sertipikasyon galingsa inyong doctor kung ito ay may 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 (HPV)
- ☐ Grade 7 (MR, Td)

☐ Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil sa:
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 nauunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak nga mga kinakailangang bakuna para sa paaralan.

_____
Pangalan at Lagda ng Magulang/Tagapag-alaga

Republika ng Pilipinas
Rehiyon SOCCSKSARGEN

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-dipterya (Tetanus-Diphtheria) sa mga batang Grade 1 at Grade 7, at Humanpapilloma Virus (HPV) Vaccine sa mga babaeng Grade 4 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

_____
Punong-guro

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
Apelyido:	Unang Pangalan:	Gitnang Pangalan:	(mm/dd /yyyy)

Impormasyon sa Pakikipag-ugnayan		Edad:	Kasarian:
Contact Number:	Pangalan ng Paaralan: Maria Z. Bayya Elementary School		

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

Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humihingi ng sertipikasyon galingsa inyong doctor kung ito ay may 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 (HPV)
- ☐ Grade 7 (MR, Td)

☐ Hindi, hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil sa:
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 nauunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak nga mga kinakailangang bakuna para sa paaralan.

_____
Pangalan at Lagda ng Magulang/Tagapag-alaga