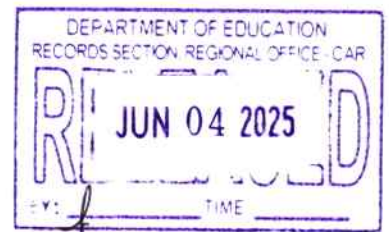




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION



3 June 2025

REGIONAL MEMORANDUM

NO: 384.2025

SUPPORT FOR THE ANNUAL SCHOOL-BASED IMMUNIZATION CAMPAIGN

To: Assistant Regional Director
Schools Division Superintendent
School Health Personnel Concerned
All Others Concerned

1. The Department of Education-Cordillera Administrative Region supports the Department of Health – Center for Health Development – CAR in implementing the School-Based Immunization campaign across schools across the region. This initiative aims to protect children against vaccine-preventable diseases such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV).
2. Relative to this, Schools Division Offices and schools are requested to show support by advocating this activity through disseminating campaign materials and sharing information during Brigada Eskwela, General Parents-Teachers Association (PTA) meetings and the release of vaccination consent forms during enrollment schedules.
3. Enclosed is the letter and consent forms from DOH-CHD-CAR for reference.
4. For questions and clarifications, please contact Georgina C. Ducayso, ESSD Chief at cellphone number 0928-781-6074, or Dr. Raymond S. Damoslog, Medical Officer IV through email at raymond.damoslog@deped.gov.ph.
5. Immediate dissemination of and compliance with this Memorandum is directed.


ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV/Regional Director 

Enclosure: As Stated

ESSD/GCD/Isan/ Support for SBI Campaign



Address: DepEd-CAR Compound, Wangal, La Trinidad, Benguet, 2601
Telephone No: (074) 422 – 1318
Email Address: car@deped.gov.ph



 <https://depedcar.p>





Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
Cordillera Administrative Region



BGHMC Compound, Baguio City 2600
● TELEPHONE No.: 074-442-8098 ● EMAIL: chd_cordillera@yahoo.com.ph ● WEBSITE: www.car.doh.gov.ph

May 08, 2025

ESTELA P. LEON-CARIÑO EdD, CESO III
Director IV, Department of Education - CAR
Wangal, La Trinidad, Benguet
car@deped.gov.ph



Thru: **RAYMOND S. DAMOSLOG, MD**
Medical Officer IV
Department of Education - CAR
raymond.damoslog@deped.gov.ph

Dear Director Cariño:

The Department of Health - Center for Health Development - Cordillera Administrative Region will implement the School-Based Immunization campaign annually in all target school across the region. This initiative aims to protect children against vaccine-preventable diseases such as measles, rubella, tetanus, diphtheria and human papillomavirus (HPV).

Listed in the table below are the vaccines to be provided with the corresponding target coverage.

Vaccines	Eligible Grade Level	Target Coverage
MR and Td	Grade 1 and Grade 7	95%
1 st dose HPV	Grade 4	100%
2 nd dose HPV	After 6 months	
2 nd dose HPV (if 1st dose HPV was given late in SY 2024-2025 to Grade 4 student)	Grade 5	

In this regard, we respectfully request your esteemed office to support us in advocating this activity by disseminating campaign materials and sharing information during *Brigada Eskwela*, General Parents-Teachers Association (PTA) meetings, and the release of vaccination consent forms during enrollment schedules.



The round metal gong of the Cordillera known locally as "gangsá" is a symbol of the upland people's culture that has been passed on from generations to another. The profile of a person blowing a "tanggyub" represents community being called for an important matter or action. The lines that shape the mountains, the rice terraces, clouds and rivers symbolize the connectivity and flow of human interaction in a geographic area such as the Cordillera. All the symbols combined represent unity and harmony of its people with culture and environment in beating the gong for self-determination.





Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
Cordillera Administrative Region



BGHMC Compound, Baguio City 2600
● TELEPHONE No.: 074-442-8098 ● EMAIL: chd_cordillera@yahoo.com.ph ● WEBSITE: www.caro.doh.gov.ph

Additionally, we would like to inquire if your office requires an orientation or meeting regarding the implementation of the School-Based Immunization program. Should you have queries or require clarifications, please do not hesitate to contact **Mr. Albert Jose V. Sumadchat** through mobile number 09258175306 or email at nip@caro.doh.gov.ph.

Truly Yours,

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
Director IV



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Republika ng Pilipinas
Rehiyon ng Cordillera



NOTIFICATION LETTER

DATE: _____

DIVISION: _____

SCHOOL: _____

ADDRESS: _____

Dear Parent/Guardian:

This school as a Public Elementary / Secondary School will provide **School-Based Immunization (SBI) of Measles-Rubella (MR) and Tetanus-Diphtheria (Td) vaccines to Grade 1 and Grade 7 students and Humanpapilloma Virus (HPV) vaccine to Grade 4 female students, and 2nd Dose of HPV vaccine to Grade 5 female students** in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

This Notification is being issued to you as information of the activity that will be conducted for SY 2025 – 2026. Should you have further questions / clarifications on this matter, please get in touch with the Principal / School Head.

Thank you very much.

Very truly yours,

Name of School Head / Principal

ACKNOWLEDGEMENT AND CONSENT

I have read and understood the information regarding the intended immunization services to be given to my child.



Republika ng Pilipinas
Rehiyon _____



Name of the Child			Date of Birth (mm/dd/yyyy)
Surname:	First Name:	Middle Name:	/ /
Contact Information			Age
Contact Number:	School:		Sex

PRE-VACCINATION CHECKLIST (FOR PARENT/GUARDIAN TO COMPLETE)

Your consent is required before your child can be immunized at school. Request clearance from your physician if any of the following applies (kindly check (✓) if any condition applies to your child):

- € My child had a history of severe allergy to measles-containing or Td vaccines.
- € My child has a severe illness:
- € Primary immune – deficiency disease
 - € Suppressed immune response from medications
 - € Leukemia
 - € Lymphoma
 - € Other generalized malignancies
- € None, my child is relatively healthy.

CONSENT FOR IMMUNIZATION

(Please check in the box provided)

- € Yes, I will allow my child to be provided the immunization services as per DOH recommendation.
- € Grade 1 (MR, Td)
 - € Grade 4 (HPV)
 - € Grade 5 (HPV 2nd dose)
 - € Grade 7 (MR, Td)
- € No, I will not allow my child to receive the immunization service because _____

I understand that by opting out of the required immunizations, my child may be at a higher risk of contracting vaccine-preventable diseases. By signing this waiver, I acknowledge that I have read and understood the information provided above. I voluntarily choose to exempt my child from the required school immunizations.

Name and Signature of Parent / Guardian

LIHIM NG PAUNAWA

PETSA: _____

DIBISYON: _____
PAARALAN: _____
ADDRESS: _____

Mahal na Magulang/Tagapatnubay,

Magbibigay ang Pamublikong 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**, **Humanpapilloma Virus (HPV)** vaccine sa mga babaeng **Grade 4**, at **2nd dose HPV vaccine** sa mga babaeng **Grade 5** 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 2025 - 2026. 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.



Republika ng Pilipinas
Rehiyon _____

Taos-pusong sumasainyo



(Lagda at Pangalan ng Punong-guro/ Pinuno ng Paaralan)

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 (mm/dd/yyyy)	
Apelyido:	Unang Pangalan:	Gitnang Pangalan:	/ /	
Impormasyon sa Pakikipag-ugnayan			Edad	Kasarian
Contact Number:	Pangalan ng Paaralan:			

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

Ang iyong pahintulot ay kinakailangan bago mabakunahan ang iyong anak sa paaralan. Humingi ng sertipikasyon galing sa inyong doktor kung ito ay may ang 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 tigas 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 5 (HPV 2nd dose)
 - € Grade 7 (MR, Td)
- € Hindi ko pahihintulutan na makinabang ang aking anak sa mga serbisyong pangkalusugan dahil:

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 naunawaan ko ang mga impormasyong ibinigay sa itaas. Kusang-loob kong pinipili na huwag pabakunahan ang aking anak ng mga kinakailangang bakuna para sa paaralan.

Pangalan at Lagda ng Magulang/Tagapag-alaga