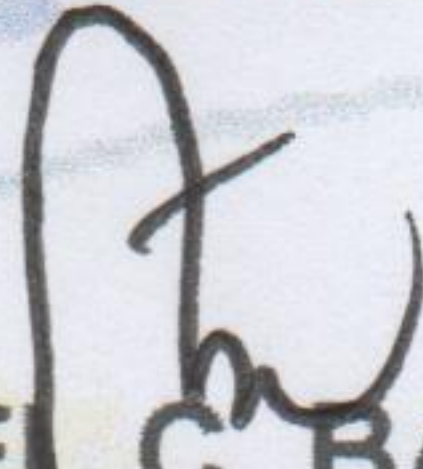


MEMORANDUM

TO : Public Schools District Supervisors
Public Elementary School Heads
All Others Concerned

FROM :  DR. ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

SUBJECT : SUBMISSION OF MASTER LISTING FORM OF GRADE 4
PUPILS (9 YEARS OLD AND ABOVE)

DATE : March 17, 2016

In preparation for the School-based Immunization for Dengue Vaccine, all public elementary schools are hereby directed to submit hard and soft copies (in Excel format) of the attached Master Listing Form of Grade 4 Pupils (9 years old and above, as of March 31, 2016) not later than **March 28, 2016**, Attention: Planning & Research Section.

The form may be downloaded at DepEd Antipolo ICT Coordinators Facebook Group.

To expedite the consolidation of the list, the soft copy may be sent in advance through email at depedantipoloplanning@yahoo.com, cc: mylatupas@gmail.com

For information and compliance.

UM- 154 's, 2016

@ALA/2016

MASTER LISTING FORM on School-based Immunization for Dengue Vaccine
Grade 4 Pupils (9 years old and above)

Region: _____
Province/City: _____
Municipality: _____

Name of School: _____
Division: _____ Section: _____
Total no. of enrolled pupils: _____

Date: _____

To be filled up by the Vaccination Team:

	1st Dose	2nd Dose	3rd Dose
Lot No.:			
Batch No.:			
Expiry Date:			

To be filled up by the School Nurse/Class Adviser

To be filled up by the Vaccination Team

No.	Name (Surname, First Name, MI)	Complete Address	Date of Birth MM/DD/YY	Age	Sex	Parents' Consent		1st Dose			2nd Dose				3rd Dose				Remarks	
						Y	N	Screened* Y/N	Date Given	Deferred*	Screened* Y/N	Date Given	Age	Deferred*	Screened* Y/N	3rd dose	Age	Deferred*		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

Instructions: Conduct a quick assessment before vaccination

1. Conduct a **Quick Health Assessment** before vaccination.
2. Any pupil resulted deferred, indicate the result based on the 12 reasons of deferral.
3. Do not leave any blank, just put **NA** if not applicable.

Ask if the pupil has the following:

- | | |
|--------------|--|
| 1.) Cough | 5.) Recipient of blood products for the last three months |
| 2.) Fever | 6.) Taking corticosteroids/ chemotherapy |
| 3.) Rashes | 7.) Pregnant/ breastfeeding |
| 4.) Headache | 8.) Resident of San Pablo City, Laguna/ Cebu City, Cebu included in the dengue vaccine study |

- 9) Received any vaccine less than one month ago
- 10) Refused
- 11) Absent
- 12) No Consent

Name and Signature of School Nurse/Class Advisor

Name and Signature of Vaccinator

Name and Signature of Recorder