



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region X
DIVISION OF MISAMIS ORIENTAL
Cagayan de Oro City



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DIVISION MEMORANDUM
NO. 174 S. 2015

Memorandum To: **JEAN G. VELOSO – Asst. Schools Division Superintendent**
RUDY MAGDUGO – Chief SGOD
DR. VIDA C. SUGANOB – Medical Officer III
Division Coordinator Science and Health
PS District Supervisors / District In charge
Elementary Principals / School In Charge
Secondary Principals/ School Heads
Elementary and Secondary Nurses
Federated PTA President (1per District)

From: **CHERRY MAE L. LIMBACO, Ph.D., CESO V**
Schools Division Superintendent *h*

Date: June 17, 2015

Subject: **One Day Orientation on the Nationwide School –Based Immunization**
And National School Deworming Day on June 23 to 29, 2015 at
Pearlmount Hotel, Cagayan de Oro City

1. You are hereby advised to attend the Roll out “**One Day Orientation on the Nationwide School – Based Immunization and National School Deworming Day**” to be conducted by the **Provincial Health Office of Misamis Oriental** in coordination with the **DepED School Health Nutrition Section, Division of Misamis Oriental** on June 23 – 25 and June 29, 2015 at the Pearlmount Hotel, Cagayan de Oro City
2. Food and Hotel accommodation throughout the duration of the activity will be shouldered by the DOH Regional Office X, while travelling expenses will be charged to the sending agency.
3. Enclosed are the List of Participants and their respective schedules and the sample Forms needed to be filled up during the actual activity.
4. For information, guidance and compliance.

VCS

LIST OF PARTICIPANTS FOR ORIENTATION ON NATIONAL SCHOOL DEWORMING DAY AND SCHOOL BASED IMMUNIZATION ON JULY 29, 2015 AND AUGUST 2015 RESPECTIVELY @ PEARLMONT HOTEL, CDO.

Date & Municipality	Elem Principal/ Sch Head	Elem Nurses	Sec Principal/ Sch Head	Sec Nurses	PSDS	Division Personnel &Facilitator	Fed PTA Pres	TOTAL
June 22, 2015 MOGCHS	c/o Cagayan de Oro City Division							
June 23, 2015 Binuangan	8		2			SDS, ASDS		
Salay	15	1	3	1		SGOD, EPS 1	3	
Kinoguitan	11	1	3		1	HEALTH FAC- 3		
	34	2	8	1	1	7	3	56
June 23, 2015 Magsaysay	26	1	3	1	1	2	4	
Medina	21	1	3	1	1			
Talisayan	18	1	3		1			
Balingoan	9	1	1					
	74	4	10	2	3	2	4	99
June 24, 2015 Lugait	7		1	-	1	3		
Manticao	17	1	2		1		3	
Naawan	12	1	2		1			
	36	2	5	0	3	3	3	52
June 24, 2015 Tagoloan	10	1	3	1		2	2	
Villanueva	11	1	3	1				
	21	2	6	2		2	2	35
June 25, 2015 Balingasag	32		5	2	1	3	3	
Lagonglong	11	-	2		1			
Sugbongcogon	9	1	1	1	1			
	52	1	8	3	3	3	3	73
June 25, 2015 Claveria	36	2	7		1	2	2	
Jasaan	15	1	4	2				
	51	3	11	2	1	2	2	72
June 29, 2015 Gitagum	11		1					
Alubijid	18	1	2		1			
Libertad	8	1	1	1		6	5	
Laguindingan	11	1	2	1	1			
Initao	17	1	2	1	1			
Opol	16	1	2	1	1			
	81	5	10	4	4	6	5	115
Grand Total=	349	19	58	14	15	23	25	503

ANNEX C

Form I

National School Deworming Day
Deworming Checklist

Province : _____

Division : _____

District: : _____

Name of School : _____

School Address : _____

Total Enrollment : _____

Grade Level and Section : _____

Name of Child	Gender		Handwashing done	Feeding done	Dewormed	Tooth-brushing done	Remarks	Action Taken
	M	F						

Accomplished By : _____

Noted By: _____

Class Adviser _____

Grade Level Adviser _____

Date Accomplished: _____

Form 2

**National School Deworming Day
School Level Reporting Form**

Province : _____
Division : _____
District: : _____
Name of School : _____
School Address : _____
Total Enrollment : _____
Grade Level and Section : _____

Grade Level	No. of Enrolled Children	No. of Children Dewormed	Remarks
Kinder			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
Grade 6			
Total			

Accomplished By :

Noted By:

Clinic Teacher

Date Accomplished: _____

Principal/School Head

National School Deworming Day District Level Reporting Form

Province : _____
 Division : _____
 District: : _____
 Name of School : _____

Name of Schools	No. of Enrolled Children of the School	No. of Children Dewormed	Remarks
TOTAL			

Accomplished By : _____
 School Nurse
 Date Accomplished: _____

Noted by: _____
 Public School District Supervisor

School-Based Immunization RECORDING Form 1: Masterlist of Grade 1 Students

To be filled up by the Vaccination Team
MR

Region: _____ Name of School: _____ Section: _____
 Province/City: _____ Division: _____
 District/Municipality: _____ Date: _____
 Lot No: _____
 Batch No: _____
 TD
 Lot No: _____
 Batch No: _____

No.	Name (1) (Surname, First Name, MI)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Date of previous MCV received			Parents' Response Slip		History of allergies (Food, meds, previous immunization)	Sick today? (fever, etc)		Vaccine Given			Refusal	Reasons
						Zero dose	MCV 1	MCV 2	Y	N		Y	N	MCV1	MCV2	Td		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

To be filled up by the School Nurse/ Class Adviser

Name and Signature of Supervisor

Name and Signature of Vaccinator 1

Name and Signature of Vaccinator 2

Name and Signature of Recorder

School-Based Immunization RECORDING Form 3: Masterlist of Grade 7 Students

To be filled up by the Vaccination Team
 MR _____
 Lot No: _____
 Batch No: _____
 Td _____
 Lot No: _____
 Batch No: _____

Region: _____
 Province/City: _____
 District/Municipality: _____
 Name of School: _____
 Division: _____
 Section: _____
 Date: _____

To be filled up by the School Nurse/Class Adviser

No.	Name (1)	Complete Address (2)	Date of Birth MM/DD/YY	Age	Sex	Parents' Response Slip		History of allergies (food, meds, previous immunization MR/Td)	Sick today? (fever)		Last Menstrual Period (for FEMALES only)	Potentially pregnant (Y/N)	Vaccine Given		Deferred	Refusal	Reasons for Refusal
						Y	N		Y	N			MR (R arm)	Td (L arm)			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

Name and Signature of Supervisor _____
 Name and Signature of Vaccinator 1 _____
 Name and Signature of Vaccinator 2 _____
 Name and Signature of Recorder _____