



Republic of the Philippines

Department of Education

REGION III- CENTRAL LUZON
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

October 13, 2021

DIVISION MEMORANDUM

No. 44 s. 2021

COMMUNITY-BASED IMPLEMENTATION OF IMMUNIZATION PROGRAM, WEEKLY IRON FOLIC ACID (WIFA) SUPPLEMENTATION, INTEGRATED HELMINTH CONTROL PROGRAM (DEWORMING) AND ADOLESCENT REPRODUCTIVE HEALTH PROGRAM FOR SY 2021-2022

To: Public Elementary and Secondary School Heads

1. In line with OUA Memorandum 00-0921-0236 entitled "Advisory on the Implementation of School-Based Immunization (SBI) Program SY 2021-2022", all schools shall provide master list of all learners SY 2021-2022 (Kinder to Grade 12), for the purpose.
2. Class advisers shall accomplish the enclosed Checklist for Deworming, Immunization, HPV Vaccine and WIFA Supplementation SY 2021-2022 through parents responses gathered during module distribution/retrieval. This shall be consolidated by the School Health and Nutrition Coordinator and shall serve as basis for Oplan Kalusugan sa DepEd Accomplishment Report Form (Revised OKD Form A).
3. Enclosure 1 & 2 are the templates to be used on consolidation of master list per grade level.
4. Soft copy of the consolidated master list shall be submitted trough this link https://drive.google.com/folderview?id=1UBS5vT2QVx9tXI00J6s-bb7mmlg7vp-u&fbclid=IwAR3SsY-sYe43BPF5I1jkYU5qlivbW8me0cJpBitbpyigg_jbiSS5gsmagZM **on or before October 18, 2021.**
5. For more information, all concerned may contact Mark Sydore I. Arimbuyutan, RN, Nurse II thru Cellphone no. 0916-858-1197 or email address: marksydore.arimbuyutan@deped.gov.ph.



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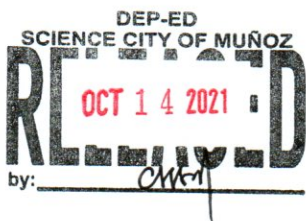
SCHOOLS DIVISION OFFICE - SCIENCE CITY OF MUÑOZ

6. Immediate dissemination of this memorandum is earnestly advised.

DANTE G. PARUNGAO, CESO VI

Officer-In-Charge

Office of the Schools Division Superintendent



NURSE ILL
10/13/2021



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Enclosure 1: CHECKLIST for Oplan Kalusugan sa DepEd Accomplishment Report Form

CHECKLIST FOR DEWORMING, IMMUNIZATION, HPV vaccine and WIFA SY 2020-2021

SCHOOL NAME:

GRADE LEVEL and SECTION:

No.	Name	Age	Sex	Address	Deworming <i>(All grade levels, ALS, SPED)</i> 1 st dose (July) 2 nd dose (January)		Measles-Rubella (MR) vaccine <i>(Grade 1 and 7)</i>		Tetanus-Diphtheria (Td) vaccine <i>(Grade 1 and 7)</i>		Human Papillomavirus vaccine <i>(Grade 4 female students for 9 years old and above only)</i>		WIFA <i>(Grade 7-12, ALS)</i>	
					1 st dose	2 nd dose	1 st dose	2 nd dose	1 st dose	2 nd dose	1 st dose	2 nd dose	1 st dose	2 nd dose
1														
2														
3														

NOTE: This shall be accomplished by the class adviser and to be consolidated by Health and Nutrition Coordinator and shall serve as the basis for Oplan Kalusugan Sa DepEd Accomplishment Report Form.

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Enclosure No. 2 MASTERLIST OF LEARNERS SY 2020-2021 to be submitted to City Health Office

MASTERLIST OF LEARNERS SY 2020-2021

SCHOOL NAME:

GRADE LEVEL:

No.	Name	Age	Sex	Permanent Address	Contact Number
1					
2					

CLASS ADVISER _____

SCHOOL HEAD _____

Note: This shall be consolidated per grade level.

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