



Republic of the Philippines
Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF TUGUEGARAO CITY

February 09, 2022

DIVISION MEMORANDUM

No. 026, s. 2022

**REGISTRATION OF SDO TUGUEGARAO CITY LEARNERS IN THE COVID-19
VACCINATION PROGRAM**

To: Assistant Schools Division Superintendent
Chief, School Governance and Operations Division
Health and Nutrition Section Personnel
Public Elementary and Secondary School Heads
School Clinic Coordinators
All Others Concerned

1. This Office, through the School Governance and Operations Division – Health and Nutrition Section strongly supports the implementation of the CoViD-19 Vaccination Program headed by the Department of Health. In this connection, the Office through the Health and Nutrition Section in partnership with the City Health Office of Tuguegarao City encourages all learners this Division to register in the vaccination program.
2. For learners ages 12-17 years old who have not been vaccinated of CoViD-19 vaccine and wanted to be vaccinated, please check the website of Tuguegarao City Information Office for walk-in schedule. Learners with comorbidities and those who have secured their medical certificate, you may contact the vaccination hotline of City Health Office for schedule at CP No. 09652401014.
3. Learners with comorbidities please prepare any the following documents before your scheduled vaccination as proof of co-morbidity:
 - a. Medical Certificate issued by your Attending Physician
 - b. Valid ID and ballpen
 - c. Minor should be accompanied by the parent/guardian
4. For learners ages 5-11 years old, you may register through the Tuguegarao City Health Office link: <https://forms.gle/25eY2M4S2FBWPuNz9> and coordinate with your school clinic coordinator for the schedule of vaccination.
5. For learners ages 5-11 years old with comorbidities such as obesity and asthma, you may get your medical certificate through virtual consultation with our Division Medical Officer III, Dr. Cleofe Mary Jane D. Torres. School clinic coordinators should coordinate with the parents regarding the issuance of the medical certificate from our Division Medical Officer.




Address: Regional Government Center, Carig Sur, Tuguegarao City, 3500
Telephone Nos.: (078) 844-7925; (078) 377-8805
Email Address: tuguegarao@deped.gov.ph
Website: depedtuguegarao.net

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Attached herewith is the list of comorbidities that requires medical certificate from a medical doctor or pediatrician.

6. Furthermore, may we also request all learners vaccinated with CoViD-19 vaccine ages 12-17 years old to register in the Division link: **bit.ly/STATUSCOVAC1217**.
7. All information that you will provide in the link will be kept confidential and will only be used for the purpose of data gathering re: status of CoViD-19 vaccination of learners ages 12-17 of DepEd Tuguegarao City. The collection, processing, retention, and disposal of all personal information will be done in accordance with the Data Privacy Act of 2012.
8. For clarifications or queries, you may message or call our Division Medical Officer, Dr. Cleofe Mary Jane D. Torres through C.P. No.: 0917-1565-387 and or Ms. Maribel B. Arao through CP. No. 0917-5467-331 or through the official group chat of school clinic coordinators.
9. For information, guidance and widest dissemination.

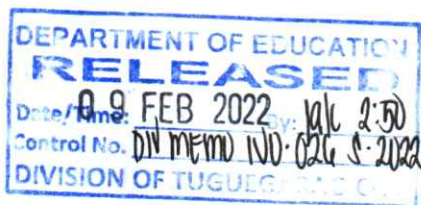

REYNANTE Z. CALIGUIRAN
Assistant Schools Division Superintendent
Officer – In – Charge
Office of the Schools Division Superintendent

Encl:
Reference:

To be indicated in the Perpetual Index
Under the following subjects:

HEALTH PROGRAM

SGOD/HNS



Sgd- 2-29



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REQUIREMENTS NEEDED FOR VACCINATION

1. Valid ID of PARENTS
2. DOCUMENTS TO PROVE FILIATION
 - a. Minor is **Accompanied by PARENTS**
 - i. BIRTH CERTIFICATE
 - ii. BAPTISMAL CERTIFICATE
 - iii. SCHOOL ID OR RECORDS BEARING NAME OF PARENTS
 - b. Minor is **Accompanied by LEGAL or JUDICIAL GUARDIAN**
 - i. Affidavit of Guardianship executed by the Guardian
 - ii. Barangay Certification issued by the Barangay Captain that the Guardian and Child are personally known to the latter and setting forth the relationship of the said individuals, as attested by one (1) other witness who personally knows the child and parent.

CO-MORBIDITIES REQUIRING MEDICAL CERTIFICATE FROM THEIR PEDIATRICIANS

- a. **MEDICAL COMPLEXITY**: long term dependence on technical support e.g tracheostomy associated with developmental delay and/or genetic anomalies
- b. **GENETIC CONDITIONS** : Down's Syndrome, **G6PD**, genetic disorders affecting the immune system such as primary immunodeficiency disorders and thalassemia, and other chromosomal abnormalities
- c. **NEUROLOGIC CONDITIONS** : Seizure Disorder, **Autism Spectrum Disorders**, Cerebral Palsy, Stroke in the Young, Chronic Meningitis
- d. **METABOLIC AND ENDOCRINE DISEASES**: Diabetes Mellitus, Hypothyroidism, Diabetes Insipidus, Adrenal Insufficiency, Hypopituitarism and other hereditary Metabolic disease
- e. **CARDIOVASCULAR DISEASE** : Hypertension, Congenital Heart Diseases, Cardiomyopathy, Rheumatic Heart Disease, Mitral Valve Disease, Pulmonary Hypertension with Right Heart Failure
- f. **OBESITY**
- g. **HIV INFECTION**
- h. **TUBERCULOSIS**
- i. **CHRONIC RESPIRATORY DISEASES**: Chronic Lung Diseases, Chronic Upper and lower airway obstruction (Severe Obstructive Sleep Apnea, Tracheomalacia, Stenosis, **Bronchial Asthma**)
- j. **RENAL DISORDERS**: Chronic Kidney Disease, Nephrotic Syndrome, End Stage Renal Disease, Glomerulonephritis, patients on dialysis
- k. **HEPATOBIILIARY DISEASES** : Chronic Liver Disease, Cirrhosis, Malabsorption Syndrome

- I. **IMMUNOCOMPROMISED STATE DUE TO DISEASE OR TREATMENT:** Transplant Recipients, Haematological malignancies, Systemic Lupus Erythematosus, Rheumatoid Arthritis