Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

16 November 2021

DEPARTMENT MEMORANDUM
No. 2021 - 0484

TO: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRIVATE SECTOR PARTNERS; AND OTHERS CONCERNED**

SUBJECT: **Interim Operational Guidelines on the Administration of COVID-19 Vaccine Booster Doses to Priority Group A1: Essential Workers in Frontline Health Services (A1.1 to A1.7)**

I. RATIONALE

As the country continuously steps up efforts to transition to a new normal amid the COVID-19 pandemic, the national government, through a whole-of-government and whole-of-society approach, needs to ensure vaccine accessibility to each and every Filipino.

The Philippine Food and Drug Administration (FDA) has currently provided amendments of the Emergency Use Authorization (EUA) of existing COVID-19 vaccines in the country for booster doses for healthcare professionals and healthcare workers 18 years of age and older with frequent institutional or occupational exposure to SARS-CoV-2.

Hence, the Department of Health (DOH), through the National Vaccination Operations Center (NVOC), upon consideration of all available data and the amended COVID-19 vaccine EUAs of the FDA, issues these operational guidelines for booster doses with the significance of current COVID-19 vaccine supplies, projections, logistics, and other access considerations in the vaccination roll-out.

II. OBJECTIVES

This Department Memorandum (DM) provides interim operational guidelines on the administration of COVID-19 vaccine booster doses to Priority Group A1: *Essential Workers in Frontline Health Services* (A1.1 to A1.7).

III. SCOPE OF APPLICATION

This DM shall be applicable to all concerned agencies of the NVOC, Regional Vaccination Operations Centers (RVOCs) or Centers for Health Development (CHDs), Local Vaccination Operations Center (LVOCs) or Local Government Units (LGUs), Provincial Health Offices (PHOs), City Health Offices (CHOs), Rural Health Units (RHUs), Implementing Units, and Vaccination Sites, both public and private.

IV. DEFINITION OF TERMS

A. **Booster doses** - refer to doses administered to a vaccinated population that has completed a primary vaccination series, when, with time, vaccine effectiveness has fallen below a rate deemed sufficient in that population, as indicated in the EUA issued by the FDA.

B. **Heterologous dose** - refers to the administration of a COVID-19 vaccine of a different brand from the vaccine that was used to complete the primary vaccine series.

C. **Homologous dose** - refers to the administration of a COVID-19 vaccine of the same brand from the vaccine that was used to complete the primary vaccine series.

D. **Primary vaccination dose series** - refers to the number of doses as prescribed in the product-specific EUA provided by the FDA, either a two-dose or a one-dose series.

V. GENERAL GUIDELINES

A. Individuals categorized as Priority Group A1: *Essential Workers in Frontline Health Services (A1.1 to A1.7)* are eligible to be given with a single COVID-19 booster dose, either a homologous or a heterologous dose.

B. The following COVID-19 vaccines with approved EUAs issued by the Philippine FDA are indicated for use as booster doses for Priority Group A1:
   1. BNT162b2 (Pfizer -BioNTech) COVID-19 vaccine
   2. mRNA-1273 (Moderna) COVID-19 vaccine
   3. CoronaVac (Sinovac) COVID-19 vaccine
   4. ChAdOx-1S recombinant (AstraZeneca) COVID-19 vaccine

C. Instructions for COVID-19 vaccination providers and administrators on storage and handling, dosing and schedule, administration, contraindications, warnings, adverse reactions, and use with other vaccines shall follow the product-specific EUA provided by the FDA.

D. Protocols for the management of Adverse Effects Following Immunization (AEFIs) and Adverse Events of Special Interest (AESIs) shall follow the provisions of the approved COVID-19 vaccine EUA of the FDA, succeeding guidelines from the FDA, and other recognized professional organizations and regulatory bodies, as new evidence arises.

VI. SPECIFIC GUIDELINES

A. Vaccination Rollout of Booster Doses

1. The administration of booster doses to Priority Group A1 (A1.1 to A1.7) shall commence on November 17, 2021.

2. All COVID-19 Bakuna Center Registry (CBCR)-registered health facilities with Priority Group A1 employees shall be utilized as vaccination sites and shall be allowed to conduct vaccination activities.

3. All vaccination sites shall administer booster doses to Priority Group A1, considering the allocated COVID-19 vaccine brands, allocation of COVID-19 vaccines as booster doses and the cold chain requirements and capacities.

B. Allocation and Distribution of COVID-19 Vaccines as Booster Doses

1. The NVOC shall allocate and distribute COVID-19 vaccines for booster doses specific to the COVID-19 vaccine dose requirement of each region according to the recorded number of eligible populations which are computed based on the recommended dose interval.

2. The CHDs and LGUs shall allocate COVID-19 vaccines based on the request of the CBCR-registered health facilities or vaccination sites and attested number of vaccinees for the administration of booster doses per brand.

    a. All health facilities shall list the number of Priority Group A1 due to be given with booster doses and determine their preferred brand.

3. The utilization of COVID-19 vaccines allocated as primary dose series for the administration of booster doses is highly discouraged as provisions of COVID-19 vaccines for booster doses will be distributed accordingly.

4. The RVOCs or the CHDs may allocate and distribute COVID-19 vaccines directly to CBCR-registered health facilities, in coordination with the LGUs.

5. The LGUs may also directly allocate and distribute COVID-19 vaccines to all CBCR-registered health facilities within the area of their jurisdiction.

C. Administration of Booster Doses

1. The Priority Group A1 (A1.1 to A1.7) shall receive a single dose of COVID-19 vaccine as a booster dose, either a homologous or a heterologous dose, at least six (6) months after completion of the primary dose series of the following vaccines: Pfizer-BioNTech, Moderna, Sinovac, Gamaleya, and AstraZeneca COVID-19 vaccines; and at least three (3) months after completion of the primary dose series of Ad26.COV2.s (Janssen) COVID-19 vaccine.

2. The Priority Group A1 shall be given the option to choose whether he/she shall receive a homologous or a heterologous booster dose, depending on the availability of vaccine brands in the vaccination site.

3. The following volumes shall be administered:
   a. Pfizer-BioNTech COVID-19 vaccine: 0.3 ml/dose
   b. Moderna COVID-19 vaccine: 0.25 ml/dose (half of the regular dose)
   c. Sinovac COVID-19 vaccine: 0.5 ml/dose
   d. AstraZeneca COVID-19 vaccine: 0.5 ml/dose

4. The Priority Group A1 may choose to receive the same brand as his/her primary series (homologous booster) or another brand (heterologous booster).

   a. As a homologous booster dose:
      i. Individuals given with the Sinovac COVID-19 primary dose series may be given with a Sinovac COVID-19 vaccine dose as a booster dose.
      ii. Individuals given with the Pfizer COVID-19 primary dose series may be given with a Pfizer COVID-19 vaccine dose as a booster dose.
      iii. Individuals given with the Moderna COVID-19 primary dose series may be given with a Moderna COVID-19 vaccine dose as a booster dose.
      iv. Individuals given with the AstraZeneca COVID-19 primary dose series may be given with a AstraZeneca COVID-19 vaccine dose as a booster dose.

   b. As a heterologous booster dose:
      i. Individuals given with the Sinovac COVID-19 primary dose series may be given with AstraZeneca, Pfizer, or a Moderna COVID-19 vaccine dose as a booster dose.
      ii. Individuals given with AstraZeneca COVID-19 primary dose series may be given with Pfizer, or a Moderna COVID-19 vaccine dose as a booster dose.

iii. Individuals given with Gamaleya Sputnik V primary dose series may be given with AstraZeneca, Pfizer, or a Moderna COVID-19 vaccine dose as a booster dose.
iv. Individuals given with Ad26.COV2.s (Janssen) COVID-19 primary dose series may be given with AstraZeneca, Pfizer, or a Moderna COVID-19 vaccine dose as a booster dose.
v. Individuals given with a Pfizer COVID-19 primary dose series may be given with AstraZeneca or Moderna COVID-19 vaccine dose as a booster dose.
vi. Individuals given with a Moderna COVID-19 primary dose series may be given with AstraZeneca or Pfizer COVID-19 vaccine dose as a booster dose.

5. Vaccination Teams shall consider the following guidance in the administration of booster doses:

   a. New vaccine platforms (e.g. mRNA) are not recommended to be boosted with old vaccine platforms (e.g. inactivated).

   b. Vector-based vaccines (e.g. Astrazeneca) are recommended to be boosted with a different vaccine platform, due to the theoretical possibility of pre-existing immunity attenuating or weakening the immune response on the second or third dose.

   c. Vaccine recipients with a previous history of adverse reactions after administration of COVID-19 vaccine (such as the elderly, people with comorbidities, people prone to blood clots, myocarditis, and anaphylaxis) shall consult their attending physician for the recommended boosting strategy.

D. Vaccination Process

1. The vaccination process shall primarily follow the steps stipulated in the DM No. 2021-0099, entitled *"Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19"*.

2. The member of the vaccination team assigned in the registration area shall ensure that the vaccine recipient has his/her original vaccination card showing the completion of 2nd dose for a 2-dose vaccine regimen and one dose for Ad26.COV2.s (Janssen) vaccine, and valid identification card before proceeding to the next step.

3. The vaccination team shall ensure that the vaccine recipients are informed of the benefits, risks, and possible side effects of each boosting strategy prior to giving them the option to choose.

a. With more evidence on safety, vaccine recipients may experience less AEFIs with the homologous vaccination strategy.

b. Current evidence showed that a heterologous vaccination strategy is more effective and recommended for the immunocompromised.

4. The informed consent for booster dose shall be used in giving consent to the administration of booster dose. The form can be accessed in this link: bit.ly/RESBAKUNAMaterials (*see Annex B for the template*). The form shall be willingly filled up and signed by the vaccine recipient.

5. The health screening form for booster dose shall be used in screening the eligible vaccine recipients. The form can be accessed through this link: bit.ly/RESBAKUNAMaterials (*see Annex B for the template*). In the health assessment area, the assigned health screener shall ensure that the health checklist has been properly filled-up.

6. The vaccination team shall provide another vaccination card for the given booster dose containing the appropriate data necessary as stipulated in bit.ly/RESBAKUNAMaterials (*see Annex B for the template*).

7. Vaccination sites shall have processes to ensure efficiency in the simultaneous conduct of primary dose and booster dose vaccination in the vaccination sites by setting up separate lanes for primary dose and booster dose vaccination to avoid errors.

E. Vaccination Reporting

1. All vaccination sites shall record the vaccination event and encode the dose administered as a booster dose and reported in the systems/tools deployed by the Department of Information and Communications Technology.

2. All participating vaccination sites shall report their accomplishments, including the quick count numbers on the doses administered and inventory, and the completed linelist to the LGU where the vaccination site is located, on a daily basis. Likewise, the LGUs shall submit the following:

   a. Quick counts on vaccination accomplishment and inventory to the Vaccination Operations Reporting System (VORS) daily.

   b. Required vaccination information of the vaccine recipients through a linelist to the VAS Line List Upload Tool (https://vaslinelist.dict.gov.ph) within 24 hours after the vaccination activity.

3. The VORS data fields shall be updated to include the booster dose for Priority Group A1. Likewise, the linelist shall be updated to include a new column with header "Booster dose".

For dissemination and strict compliance.

By Authority of the Secretary of Health:

MYRNA C. CABOTAJE, MD, MPH, CESO III
Undersecretary of Health
Field Implementation and Coordination Team
Chair, National Vaccination Operations Center

ANNEX A

Recommended Booster Dose Combination for Priority Group A1 (A1.1 to A1.7)

Primary Vaccination	**Interval for Booster**	**Homologous Booster**	**Heterologous Booster**
Sinovac	At least 6 months	Sinovac	Astrazeneca Pfizer Moderna
Astrazeneca	At least 6 months	AstraZeneca	Pfizer Moderna
Pfizer	At least 6 months	Pfizer	Astrazeneca Moderna
Moderna	At least 6 months	Moderna	Astrazeneca Pfizer
Gamaleya Sputnik	At least 6 months	-	Astrazeneca Pfizer Moderna
Janssen	At least 3 months	-	Astrazeneca Pfizer Moderna

ANNEX B.
Updated Vaccination Forms for Booster Dose

A. Informed Consent Form

INFORMED CONSENT FORM FOR BOOSTER DOSES OF COVID-19 VACCINE
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program
as of November 16, 2021

Name: **Birthdate:** **Sex:**

Address:

Occupation: **Contact Number:**

Health facility: **Primary COVID-19 Vaccine Series:**

INFORMED CONSENT

I confirm that I have been provided with and have read the COVID-19 Vaccine Moderna / Pfizer-BioNTech / AstraZeneca / Sinovac Emergency Use Authorization (EUA) Information Sheet and the same has been explained to me. The FDA has amended the Emergency Use Authorization for these COVID-19 Vaccines to allow its use as additional or booster dose for specific populations in light of new scientific evidence.

I confirm that I have been screened for conditions that may merit deferment or special precautions for booster dose vaccination as indicated in the Health Screening Questionnaire.

I have received sufficient information on the benefits and risks of receiving a booster dose of the COVID-19 vaccine and I understand the possible risks if I am not vaccinated with a booster dose.

I was provided an opportunity to ask questions, all of which were adequately and clearly answered. I, therefore, voluntarily release the Government of the Philippines, the vaccine manufacturer, their agents and employees, as well as the hospital, the medical doctors and vaccinators, from all claims relating to the results of the use and administration of, or the ineffectiveness of a booster dose of COVID-19 vaccines.

I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as, but not limited to allergies and blood clots associated with low platelet counts (vaccine-induced thrombotic thrombocytopenia), heart conditions (e.g. myocarditis and pericarditis) and that should prompt medical attention be needed, referral to the nearest hospital shall be provided immediately by the Government of the Philippines. I have been given contact information for follow up for any symptoms which I may experience after vaccination.

I understand that by signing this Form, I have a right to health benefit packages under the Philippine Health Insurance Corporation (PhilHealth), in case I suffer a severe and/or serious adverse event, which is found to be associated with these COVID-19 vaccine or its administration. I understand that the right to claim compensation is subject to the guidelines of the PhilHealth.

I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012.

I hereby give my consent to receive a booster dose of the COVID-19 Vaccine Moderna / Pfizer-BioNTech / Sinovac / AstraZeneca.

_____ _____
Signature over Printed Name Date

In case eligible individual is unable to sign:
I have witnessed the accurate reading of the consent form and liability waiver to the eligible individual; sufficient information was given and queries raised were adequately answered. I hereby confirm that he/she has given his/her consent to be vaccinated with the COVID-19 Vaccine Moderna / Pfizer-BioNTech / Sinovac / Astrazeneca

_____ _____
Signature over Printed Name Date

If you chose not to get a booster dose vaccine, please list down your reason/s:

INFORMED CONSENT FORM PARA SA BOOSTER DOSE NG COVID-19 VACCINE
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program
as of November 16, 2021

Name: **Birthdate:** **Sex:**

Address:

Occupation: **Contact Number:**

Vaccination Sites: **Primary COVID-19 Vaccine Series:**

INFORMED CONSENT

Kinukumpirma ko na ako ay nabigyan at nabasa ko ang Emergency Use Authorization *Information Sheet* para sa COVID-19 Vaccine Moderna / Pfizer-BioNTech / Sinovac / AstraZeneca, at lubos na naipaliwanag ang nilalaman nito sa akin. Inamendahan ng Philippine Food and Drug Administration ang Emergency Use Authorization ng COVID-19 Vaccines para maibigay bilang karagdagan o booster dose para sa piling populasyon, nang naaayon sa pinakabagong datos na nakalap

Kinukumpirma ko na ako ay sumailalim sa health screening para sa mga kundisyon na maaaring maging dahilan para ipagpaliban ang pagtanggap ko ng kargdagan o booster dose ng bakuna, o mangailangan ng karagdagang pag-iingat (*special precaution*) sa pagbabakuna alinsunod sa *Health Screening Questionnaire*.

Ako ay nakatanggap ng sapat na impormasyon tungkol sa benepisyo (*benefits*) at maaaring peligro (*risks*) ng nasabing pagkuha ng karagdagan (o booster) dose ng bakuna sa COVID-19. Naiintindihan ko rin ang mga posibleng kahinatnan ko kung sakaling hindi ako magpabakuna ng karagdagan o booster dose.

Ako ay nabigyan ng pagkakataong magtanong tungkol sa pagbabakuna, at lahat ng ito ay nabigyan ng sapat at malinaw na kasagutan. Dahil dito, kusang loob kong pinapawalan ang Pamahalaan ng Pilipinas, ang manufacturer ng bakuna, kanilang mga ahente at empleyado, kabilang na ang ospital, mga doktor at magbabakuna, mula sa lahat ng *claims* kaugnay sa resulta ng paggamit at pagbigay ng bakuna, o bisa ng COVID-19 Vaccines.

Naiintindihan ko na karamihan sa *side effects* ay banayad at magreresolba nang kusa, at may posibilidad na makaranas ako ng malubhang *(severe) adverse reaction*, tulad ng *allergy, blood clots na may kaugnayan sa mababang bilang ng platelet (vaccine-induced thrombotic thrombocytopenia) o kondisyon sa puso (hal: myocarditis or pericarditis).* Kung kakailanganin ko ng agarang atensyong medikal, maaari akong dalhin sa pinakamalapit na ospital ng Pamahalaan. Ako ay binigyan ng impormasyon kung saan ko pwedeng isangguni ang anumang sintomas na aking mararamdaman matapos magpabakuna.

Sa paglagda ko dito sa *informed consent form*, naiintindihan ko rin na ako ay may karapatan sa *health benefit packages* ng Philippine Health Insurance Corporation (PhilHealth) kung sakaling ako ay makaranas ng malubhang *(serious/severe) adverse event*, kaugnay ng COVID-19 Vaccine o sa pagbigay nito. Naiintindihan ko din na ang karapatan na humingi ng (*to claim*) *compensation* ay nababatay sa *guidelines* ng Philhealth.

Binibigyan ko ng pahintulot ang pamahalaan na gamitin ang mga impormasyong ukol sa akin para sa *public health*, kasama na ang pag-ulat sa na-aangkop na *national vaccine registries*, alinsunod sa mga protocol ng *Data Privacy Act ng 2012*

Ako ay kusang loob na pumapayag na makatanggap ng karagdagan (o booster) dose gamit ang COVID-19 Vaccine Moderna / Pfizer-BioNTech / Sinovac / AstraZeneca.

Signature over Printed Name | Date

Kung sakaling ang indibidwal ay hindi makakapirma:

Patunay ito na nasaksihan ko ang tapat na pagbasa nitong INFORMED CONSENT at liability waiver sa indibidwal na magpapabakuna. Sapat ang impormasyong naibigay at nasagot ang lahat ng kanyang katanungan . Kinukumpirma ko na nagbigay ang indibidwal ng kanyang pahintulot para mabakunahan gamit ang COVID-19 Vaccine Moderna / *Pfizer-BioNTech / Sinovac / Astrazeneca.*

Signature over Printed Name | Date

Kung piniling hindi kumuha ng booster dose ng bakuna, ilista ang dahilan:

B. Health Declaration Screening Forms and Health Assessment Algorithm Forms

COVID-19 BOOSTER VACCINATION
HEALTH DECLARATION SCREENING FORM
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of November 16, 2021

ASSESS THE PATIENT	NO	YES
Has received and completed the vaccine series of any COVID-19 vaccines AND has received an additional booster dose? *Completed vaccine series:* ➢ *Two doses of Pfizer-BioNTech, Moderna, Sinovac, Gamaleya, AstraZeneca; or* ➢ *One dose of Janssen*	☐	☐
If has received and completed two doses of Pfizer-BioNTech, Moderna, Sinovac, Sinopharm, Gamaleya, AstraZeneca, has it only been less than 6 months since then? Or, if has received and completed one dose of Janssen, has it only been less than 3 months since then?	☐	☐
Below 18 years old?	☐	☐
Had a severe allergic reaction to any ingredient of the vaccine currently being offered? Or had a severe allergic reaction after receiving any COVID-19 vaccine?	☐	☐
Has allergy to food, egg, medicines? Has asthma?	☐	☐
➢ If with allergy or asthma , will monitoring the patient for 30 minutes be a problem?	☐	☐
Has history of bleeding disorders or currently taking anti-coagulants?	☐	☐
➢ If with bleeding history or currently taking anti-coagulants, is there a problem securing a gauge 23 - 25 syringe for injection?	☐	☐
Has SBP ≥160 mmHg and/or DBP≥ 100 mmHg WITH signs and symptoms of organ damage?	☐	☐
If initially with SBP ≥160 mmHg and/or DBP≥ 100 mmHg WITHOUT signs and symptoms of organ damage, is there a problem maintaining a blood pressure of <160/100 mmHg after monitoring two times every fifteen minutes?	☐	☐
Manifests any one of the following symptoms? ☐ Fever/chills ☐ Fatigue ☐ Headache ☐ Weakness ☐ Cough ☐ Loss of smell/taste ☐ Colds ☐ Diarrhea ☐ Sore throat ☐ Shortness of breath/difficulty in breathing ☐ Myalgia ☐ Nausea/ Vomiting ☐ Rashes ☐ Other symptoms of existing comorbidity	☐	☐
Has history of exposure to a confirmed or suspected COVID-19 case in the past 14 days?	☐	☐
If previously diagnosed with COVID-19, is recipient STILL undergoing recovery or treatment?	☐	☐
Has received any vaccine in the past 14 days or plans plan to receive another vaccine 14 days following vaccination?	☐	☐
Has received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	☐	☐
If in the 1st trimester of pregnancy, is there any objection to vaccination from the presented medical clearance from the attending physician?	☐	☐
Has any of the following diseases or health condition? ☐ HIV ☐ Cancer/ Malignancy (currently undergoing chemotherapy, radiotherapy, immunotherapy, or other treatment) ☐ Underwent Transplant ☐ Under Steroid Medication / Treatment ☐ Bed ridden, terminal illness, less than 6 months prognosis ☐ Autoimmune disease ☐ Myocarditis or pericarditis OR developed myocarditis/ pericarditis after a dose of mRNA vaccine	☐	☐
➢ If with any of the abovementioned condition, is there any objection to vaccination from presented medical clearance prior to vaccination day?	☐	☐

Recipient's Name: **Sex:**

Parent's/ Legal Guardian's Name: **Wt (kg)**

Birthdate: **BP:** **Temp:**

Signature of Health Worker: **HR:** **RR:** **O2 sat:**

VACCINATE
If any of the white boxes is checked, **DEFER** vaccination

** Please keep this health screening form as part of the patient's official vaccination and medical record.*

COVID-19 BOOSTER VACCINATION
HEALTH DECLARATION SCREENING FORM

ng Philippine National COVID-19 Vaccine Deployment and Vaccination Program nitong Nobyembre 16, 2021

SURIIN ANG BABAKUNAHAN	NO	YES
Nakatanggap at nakumpleto na ang vaccine series ng kahit anong COVID-19 vaccine AT nakatanggap na ng karagdagang dose (o booster dose)? *Kumpletong vaccine series* ➢ Dalawang doses ng Pfizer-BioNTech, *Moderna, Sinovac, Gamaleya, AstraZeneca*; or ➢ *Isang dose ng Janssen*	☐	☐
Kung nakatanggap at nakumpleto na ang dalawang doses ng Pfizer-BioNTech, Moderna, Sinovac, Sinopharm, Gamaleya, AstraZeneca, mas mababa sa anim na buwan mula nang nabakunahan nito? O, kung nakatanggap ng isang dose ng Janssen, mas mababa sa tatlong buwan mula ng nabakunahan nito?	☐	☐
Edad ay mas mababa sa 18 taong gulang?	☐	☐
May malubhang alerhiya sa kahit anong sangkap ng bakunang maaring maibigay sa araw na ito? O dating nagka malubhang alerhiya matapos makatanggap ng kahit anong COVID-19 vaccine?	☐	☐
May alerhiya sa pagkain, iting, gamot? May hika (asthma)	☐	☐
➢ Kung may alerhiya o hika, may problema ba sa pag-monitor sa pasyente ng 30 minuto?	☐	☐
May sakit kaugnay ng pagdudugo, o sa kasalukuyan ay umiinom ng anti-coagulants (pampalabnaw ng dugo)?	☐	☐
➢ Kung may sakit kaugnay ng pagdudugo o kasalukuyang umiinom ng anti-coagulants (pampalabnaw ng dugo), mayroon bang problema sa pagkuha/paggamit ng gauge 23-35 na siringhiliya (syringe) para sa pagturok?	☐	☐
May SBP ≥160 mmHg at/o DBP≥ 100 mmHg NA MAY KASAMANG signs and symptoms ng organ damage?	☐	☐
Kung may SBP ≥160 mmHg at/o DBP≥ 100 mmHg NANG WALANG signs and symptoms ng organ damage,may problema ba sa pagpapanatili ng blood pressure na <160/100 mmHg matapos ang monitoring ng dalawang beses sa bawat 15 minuto?	☐	☐
Mayroon ng kahit alinman sa sumusunod na sintomas? ☐ Lagnat / pangingiig dahil sa lamig ☐ Sakit ng ulo ☐ Ubo ☐ Sipon ☐ Pananakit ng lalamunan ☐ Pananakit ng kalamnan ☐ Rashes ☐ Pagkapagod ☐ Pangkihina ☐ Kawalan ng panlasa o pang-amoy ☐ Pagtatae ☐ Hirap sa paghinga ☐ Pagkahilo/pagsusuka ☐ Iba pang sintomas ng co-morbidity	☐	☐
May exposure sa taong confirmed o suspect na kaso ng COVID-19 nitong nakaraang 14 na araw?	☐	☐
Nagpositibo sa COVID-19 at kasalukuyang ginagamot pa / hindi pa recovered?	☐	☐
Nakatanggap ng kahit anong bakuna nitong nakaraang 14 na araw o pinaplanong tumanggap ng kahit anong bakuna sa susunod na 14 na araw matapos magpabakuna?	☐	☐
Ginamot o nakakuha ng convalescent plasma o monoclonal antibodies para sa COVID-19 nitong nakaraang 90 na araw?	☐	☐
Kung nasa unang tatlong buwan (first trimester) ng pagbubuntis, may pagtutol ba sa pagbakuna na nakasaad sa medical clearance mula sa kanilang doktor (attending physician)?	☐	☐
Mayroon ng kahit alinman sa sumusunod na sakit o kundisyon? ☐ Human Immunodeficiency Virus (HIV) ☐ Kanser (Cancer o Malignancy) at kasalukuyang sumasailalim sa chemotherapy, radiotherapy, immunotherapy, o iba pang treatment ☐ Sumailalim sa organ transplant ☐ Kasalukuyang umiinom ng steroids ☐ Nakaratay na lang sa kama (bed-ridden), may sakit (terminal illness) na hindi tatlas sa anim (6) na buwan ang tanling ☐ May autoimmune disease ☐ Myocarditis o pericarditis o na-diagnose ng myocarditis/ pericarditis matapos magbakuna ng mRNA vaccine	☐	☐
➢ Kung may alinman sa mga nabanggit, tutol ba ang doktor sa pagbakuna sa dalang medical clearance bago ang araw ng pagbakuna?	☐	☐

Pangalan ng babakunahan:: **Kasarian:**

Pangalan ng Magulang / Legal Guardian: **Wt (kg)**

Birthdate: **BP:** **Temp:**

Lagda ng Health Worker: **HR:** **RR:** **O2 sat:**

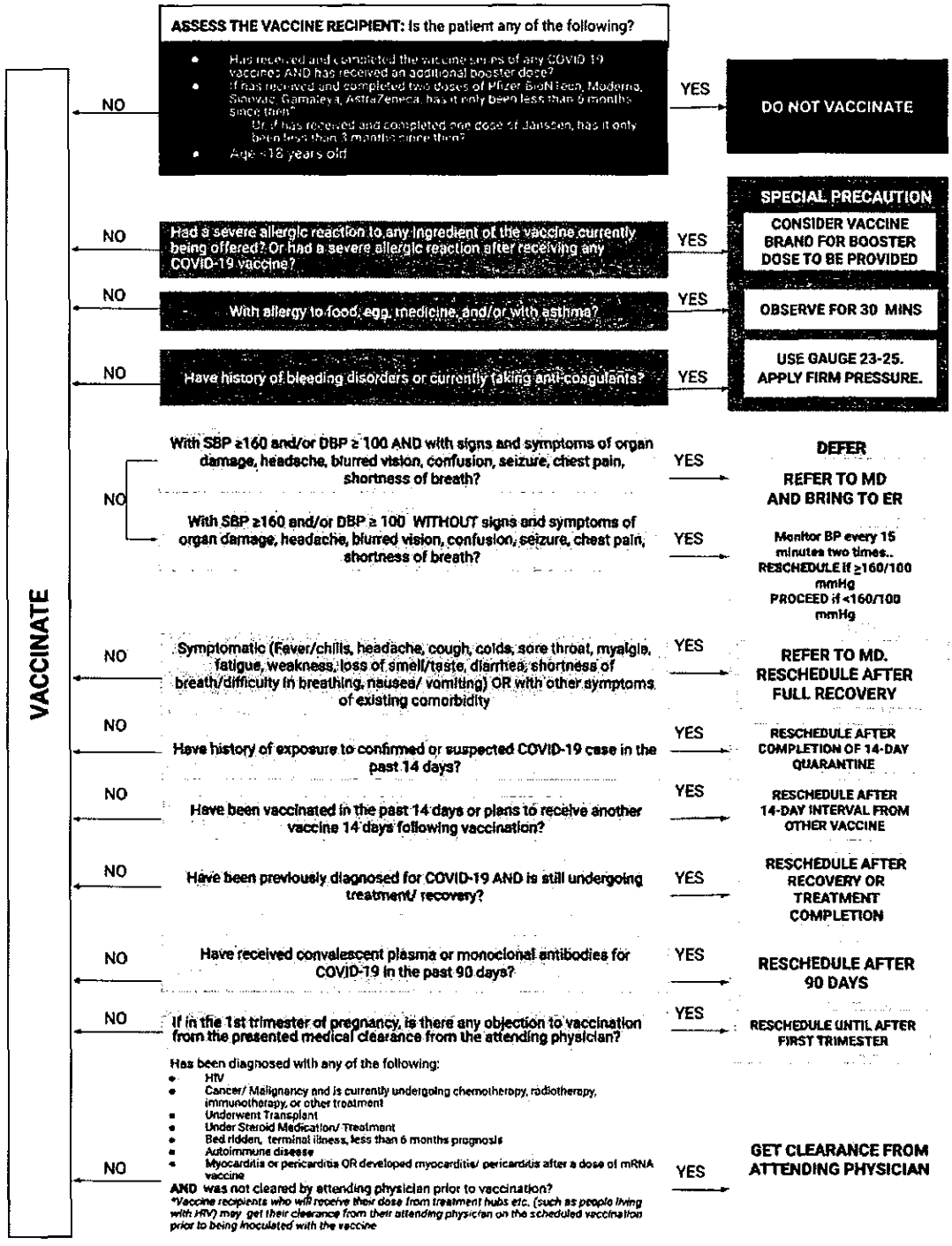
VACCINATE

Kung alinman sa puting kahon ang may tsek, **IPAGPALIBAN** muna ang pagbabakuna

** Please keep this health screening form as part of the patient's official vaccination and medical record.*

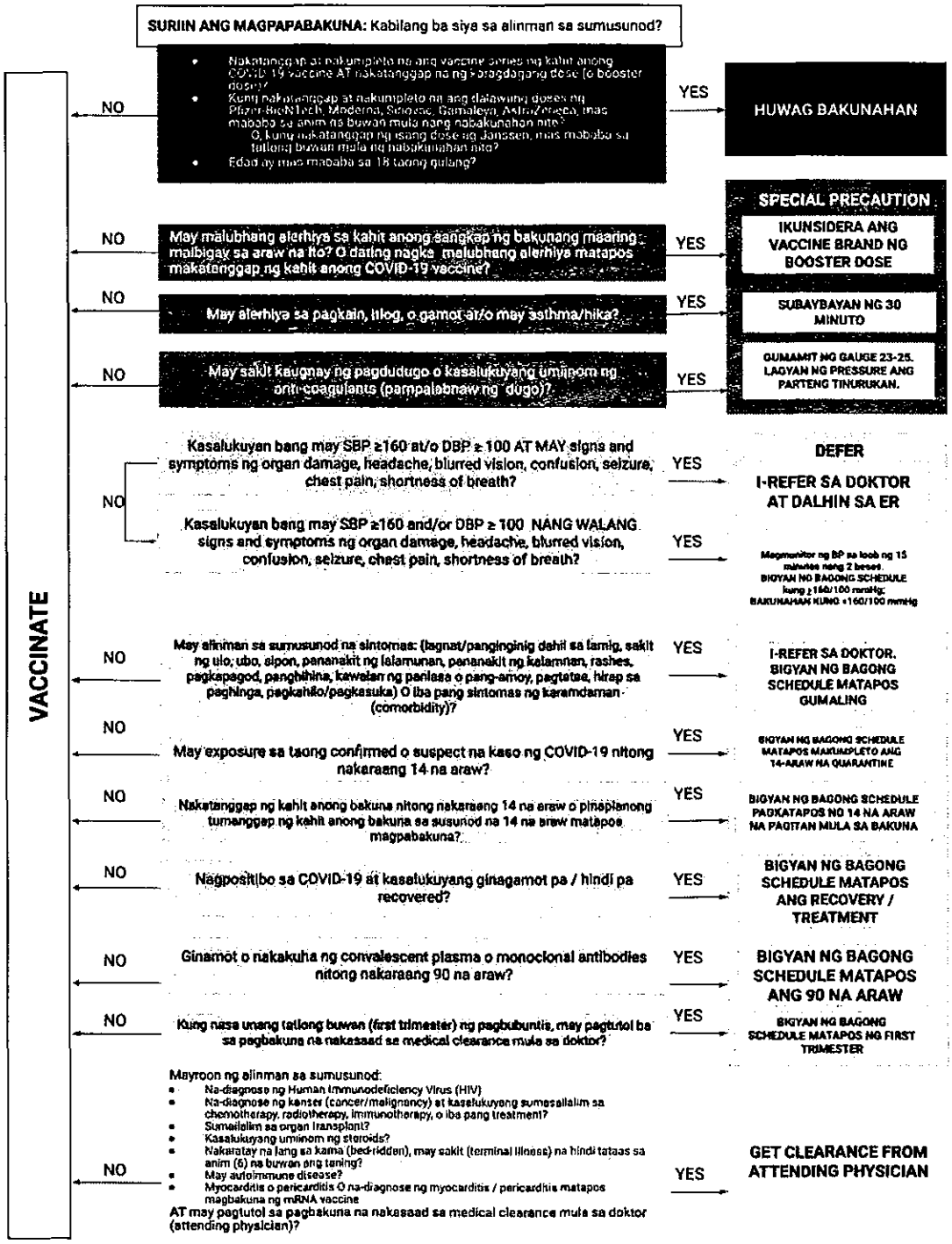
COVID-19 BOOSTER VACCINATION
HEALTH ASSESSMENT ALGORITHM FORM

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of November 16, 2021



COVID-19 BOOSTER VACCINATION
HEALTH ASSESSMENT ALGORITHM FORM

ng Philippine National COVID-19 Vaccine Deployment and Vaccination Program
nitong Nobyembre 16 2021



C. Vaccination Card

COVID-19 Vaccination Card

ID No.

- *Please keep this record card, which includes medical information about the vaccines you have received.*
- *Pakitago ang record card na ito, kung saan mababasa ang impormasyong medikal tungkol sa bakunang iyong natanggap.*

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Address _____ Contact No. _____

Date of Birth _____ Sex _____ PhilHealth No. _____ Category _____

Dosage Seq.	Date (mm/dd/yyyy)	Vaccine Brand	Name of Vaccinator (with signature)	Batch No.	Lot No.
1st Dose	/ /				
2nd Dose	/ /				
Booster	/ /				

Health Facility Name _____ Facility Contact No. _____

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