Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

22 April 2022

DEPARTMENT MEMORANDUM
No. 2022 - 0154

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 2nd COVID-19 Vaccine Booster Doses to Immunocompromised Population (ICPs) ages 18 Years Old and Above**

I. RATIONALE

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

On April 13, 2022, the Philippine Food and Drug Administration (FDA) issued the Emergency Use Authorization (EUA) approving the administration of a 2nd COVID-19 vaccine booster dose to senior citizens (60 years old and above), the immunocompromised populations, and frontline healthcare workers. This is in cognizance of current evidence of waning immunity and protection from severe disease.

Likewise, the Health Technology Assessment Council (HTAC) recommended the administration of 4th dose or 2nd booster dose of COVID-19 vaccines with the following vaccine brands: Pfizer-BioNTech, Moderna, AstraZeneca, Coronavac (Sinovac), and Sinopharm among the immunocompromised population (ICPs) ages 18 years old and above to be given at least three (3) months after the third dose or first booster dose, with a preference for mRNA vaccines based on the available real world evidence on the immunogenicity and safety.

The National Vaccine Operation Center (NVOC) hereby issues these guidelines for targeted booster vaccination strategies, serving as an essential component of the

National Government's public health response to mitigate COVID-19 transmission especially in light of the continued emergence of Variants of Concern (VOC) and the gradual reopening of social institutions; all in consideration of the current COVID-19 vaccine supplies, projections, logistics, and other significant factors in the vaccination roll-out.

II. OBJECTIVES

This Department Memorandum (DM) provides interim operational guidelines on the administration of 2nd COVID-19 vaccine booster doses to immunocompromised population ages 18 years old and above.

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. GENERAL GUIDELINES

A. Individuals 18 years old and above in immunocompromised populations are eligible to be given with a 2nd COVID-19 booster dose, either homologous or heterologous.

B. The following COVID-19 vaccines with approved EUAs issued by the Philippine FDA are indicated for use as 2nd booster doses:
   1. Tozinameran/Comirnaty [Pfizer] COVID-19 vaccine
   2. Spikevax [Moderna] COVID-19 vaccine
   3. CoronaVac [Sinovac] COVID-19 vaccine
   4. Sinopharm COVID-19 vaccine
   5. Vaxzevria [AstraZeneca] COVID-19 vaccine

C. The COVID-19 vaccination program shall adopt future EUA or regulatory amendments from the FDA and recommendations from the HTAC on provision of the 2nd booster doses.

D. Instructions for COVID-19 vaccination providers and administration 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 and vaccine-specific guidelines issued by the DOH. Copies of the EUAs may be accessed at: https:/www.fda.gov.ph/list-of-fda-issued-emergency-use-authorization/.

E. 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. Interim Adverse Events Following Immunization (AEFI) Pathways may be accessed at: bit.ly/RESBAKUNAFactsheets.

F. Vaccination process, including registration, screening, administration, reporting, AEFI monitoring and referral, shall follow the provisions in DOH Department Administrative Order No. 2022-005 entitled *"Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines"*, the streamlined process stipulated under DOH Department Circular No. 2022-0072 entitled *"Interim Operational Guidelines on the Implementation of Vaccination Activities during the Bayanihan, Bakunahan National COVID-19 Vaccination Days, Part III"*, and other relevant policies issued by the DOH.

V. IMPLEMENTING GUIDELINES

A. Eligible Groups

1. Immunocompromised populations ages 18 years old and above, **regardless of Priority Group classification**, are eligible to be given with 2nd COVID-19 booster doses, either homologous or heterologous *(please see Section V. Implementing Guidelines, F. Reporting, for the reporting guidelines)*:

   Immunocompromised individuals is defined as individuals with/are:
   a. Immunodeficiency state;
   b. HIV;
   c. Active cancer or malignancy;
   d. Transplant recipients;
   e. Undergoing steroid treatment;
   f. Patients with poor prognosis / bed-ridden patients; and
   g. Other conditions of immunodeficiency as certified by physician

B. Vaccine Administration of 2nd Booster Doses

1. The 2nd booster dose shall be administered at least three (3) months after the third (3rd) dose or first (1st) booster dose.

2. Eligible individuals shall be given the option to choose whether he/she shall receive a homologous or a heterologous 2nd 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. Sinopharm COVID-19 vaccine: 0.5 ml/dose
    e. AstraZeneca COVID-19 vaccine: 0.5 ml/dose

C. Vaccination Rollout of 2nd Booster Doses

1. The administration of 2nd booster doses to eligible individuals shall be implemented depending on the readiness of RVOCs, LVOCs, implementing units and vaccination sites.

2. All vaccination sites shall administer 2nd booster doses considering the allocated COVID-19 vaccine brands, allocation of COVID-19 vaccines as booster doses and the cold chain requirements and capacities.

3. Medical Clinics, as vaccination sites, may be utilized consistent with DOH Department Circular No. 2022-0017, otherwise known as, *"Interim Operational Guidelines on the Use of Medical Clinics as Vaccination Sites for COVID-19 Vaccination"*.

4. Physician's Clinics, as vaccination sites, may be utilized consistent with DOH Department Circular No. 2022-0152, otherwise known as, *"Interim Operational Guidelines on the Use of Physician's Clinics in the Provision of COVID-19 Vaccination Services"*.

5. House-to-house vaccination can be done to cater bedridden patients and hard-to-reach eligible individuals.

6. Hospital vaccination can be conducted to cater immunocompromised patients regularly following-up in the health facility.

7. HIV Treatment Hubs are mandated to provide vaccination services to their patients.

D. Allocation and Distribution of COVID-19 Vaccines as 2nd Booster Doses

1. The NVOC shall allocate and distribute COVID-19 vaccines for 2nd 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 ensure that all COVID-19 vaccine brands recommended for administration as 2nd booster doses are available in vaccination sites, considering COVID-19 vaccine supply.

3. The RVOCs or the CHDs may allocate and distribute COVID-19 vaccines directly to implementing units and vaccination, in coordination with the LGUs.

E. Vaccination Process

1. The vaccination process shall primarily follow the steps stipulated in the DOH's Administrative Order No. 2022-005 entitled *"Omnibus Guidelines on the Implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines"* and the streamlined process stipulated under DOH Department Circular No. 2022-0072 entitled "*Interim Operational Guidelines on the Implementation of Vaccination Activities during the Bayanihan, Bakunahan National COVId-19 Vaccination Days, Part III*".

2. 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.

3. The informed consent for 1st booster dose shall be used in giving consent to the administration of 2nd 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.

4. 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 C & D for the template*). In the health assessment area, the assigned health screener shall ensure that the health checklist has been properly filled-up.

5. All LVOCs and LGUs are instructed to simplify the processes in the vaccination sites for the administration of 2nd COVID-19 booster doses. The following directives are being reiterated:

a. **Triage and Registration**

i. Ask the vaccine recipient due to be given with 2nd COVID-19 booster dose the following documents **ONLY**:
   1. Original vaccination card showing the completion of the primary dose series AND the first booster dose
   2. Any valid identification card
   3. Medical Certificate for Priority Group A3: Individuals with Comorbidities in immunocompromised state

ii. Provide informed consent form and/or the health screening/declaration form for booster doses to the vaccine recipient in the registration area. The vaccine recipient may start answering the said forms. Aside from those mentioned, **no additional form** shall be required to be filled out in the registration area.

iii. To avoid bottleneck, deploy additional (at least two to four) non-health personnel to provide assistance in the registration area and facilitate the vaccination process

iv. Provide a larger area/space to avoid overcrowding and congestion during the registration process.

v. Facilitate the encoding of vaccine recipient's information in the post-vaccination monitoring area.

vi. Ensure that there is enough, well ventilated space in order to comply with the minimum public health standards at all times.

vii. Ensure that vaccine recipients are comfortable while waiting. Provide chairs especially to the Senior Citizens and those with comorbidities.

b. Health Education, Health Screening and Informed Consent

i. The health education and informed consent step can be integrated with other steps to streamline the processes in the vaccination site.

ii. Provide health education/information materials in any area of the vaccination site, especially in the waiting area and post-vaccination monitoring area.

iii. Ensure that a health educator is available at all times to provide vaccine recipients with the necessary information and to answer any questions.

iv. The informed consent may be signed in the registration area or in the health screening area, after health education.

v. Utilize the health screening and declaration forms, as appropriate.

vi. If there is a shortage of medical doctors as health screeners, trained nurses may perform health screening in lieu of a medical doctor.

vii. For the administration of 2nd booster doses, the vaccine recipient may be screened prior to the vaccination proper. There are two ways in which the vaccine recipient shall be screened:

1. LGU facilitated health screening: The CHOs/RHUs and Barangay Health Stations can conduct the health screening assessment prior to the vaccination schedule.

2. Self-health assessment: The vaccine recipient can utilize and answer the health screening/declaration form on or before the vaccination schedule.

c. Vaccine Administration

i. For the administration of 2nd booster doses, the vaccinator shall,
1. Review the informed consent form and make sure that it is properly signed.
2. Review thoroughly the health screening form and the eligibility of the vaccine recipient, by asking relevant questions and physically assessing the vaccine patient. If the vaccine recipient is not eligible, defer the vaccination and provide an appropriate schedule or refer to the appropriate vaccination site.
3. Review the information in the vaccination card. Determine the date and the vaccine brand of the primary dose series and the first booster dose administered. Calculate the dose interval.
4. Determine the vaccine to be given.
5. Administer the vaccine using the correct technique.
6. Record the vaccine administered and other pertinent information in the vaccination card.

d. Post-Vaccination Monitoring

i. Check the contents of the AEFI Kit. Ensure completeness of the kit.
ii. Observe the vaccine recipient for any Adverse Event Following Immunization (AEFI).
iii. Give the following information to the vaccine recipient:
1. Referral hospital/facility and contact details

2. Signs and symptoms to watch for
3. Instructions and steps on how to seek clinical care and report AEFI events

iv. Ensure that the vaccine recipient is essentially well before leaving the vaccination site

v. Provide appropriate intervention to manage AEFI.

vi. Encode all information of the vaccine recipients (by the encoder) based on the data requirements.

6. 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.

F. Vaccination Reporting

1. All vaccination sites shall record the vaccination event and encode the dose administered as 2nd booster dose in the systems/tools deployed by the Department of Information and Communications Technology.

2. The reporting of eligible individuals shall be based on their previous Priority Group classification:
   a. If a Priority Group A1: Workers in Frontline Health Services is identified as ICP, they shall be reported as Priority Group A1.
   b. If a Priority Group A2: Senior is identified as ICP, they shall be reported as Priority Group A2.
   c. If a Priority Group A3: Individuals with Comorbidities, they shall be reported as Priority Group A3.
   d. If an individual has been previously tagged as Priority Group A4, Priority A5, and Rest of Adult Population (ROAP), but are now diagnosed as part of the ICP, they shall be reported based on their previous Priority Group Classification.

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

   a. Quick counts on vaccination accomplishment and inventory to the 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.

4. The VORS and VAS line list data fields shall be updated to include the 2nd booster dose. Likewise, the linelist shall be updated to include a new column with header "2nd booster dose".

G. Demand Generation and Communication Activities

1. All CHDs/RVOCs/LVOCs shall conduct information dissemination activities such as town hall meetings, barangay lecture series, and distribution of Information, Education, and Communication (IEC) materials.

2. LGUs and all Implementing Units shall promote community engagement through a targeted COVID-19 vaccination key messaging approach, prioritizing most especially those belonging in the Most-at-Risk Population (MARP).

3. CHDs/RVOCs/LVOCs and LGUs are highly encouraged to engage with the local medical societies in health promotion activities relating to COVID-19 vaccination.

4. Increased utilization of quad media communications platforms to encourage the priority groups towards booster dose vaccination.

5. All implementing units are directed to calibrate and/or recalibrate their existing crisis communication plans, in accordance with DM 2021-0224, otherwise known as, *Interim Guidelines in Adverse Events Following Immunization (AEFI) Community Management and Crisis Communications Related to COVID-19 Vaccines*.

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

Primary Dose Series	Interval fr. Primary Dose to First Booster	Homologous First Booster	Heterologous First Booster	Interval from First Booster Dose to Second Dose	Homologous Second Booster	Heterologous Second Booster
Sinovac	At least 3 months	Sinovac	Astrazeneca Pfizer Moderna Sputnik Light* Janssen	At least 3 months	Sinovac	Astrazeneca Pfizer Moderna**
Sinopharm	At least 3 months	Sinopharm*	Astrazeneca Pfizer Moderna** Sputnik Light* Janssen	At least 3 months	Sinopharm*	Astrazeneca Pfizer Moderna**
Pfizer	At least 3 months	Pfizer	Astrazeneca Moderna** Sputnik Light* Janssen	At least 3 months	Pfizer	Astrazeneca Moderna**
Moderna	At least 3 months	Moderna	Astrazeneca Pfizer Sputnik Light* Janssen	At least 3 months	Moderna	Astrazeneca Pfizer
Astrazeneca	At least 3 months	AstraZeneca	Pfizer Moderna** Sputnik Light* Janssen	At least 3 months	AstraZeneca	Pfizer Moderna**
Gamaleya Sputnik V	At least 3 months	Not yet for implementa-tion	Astrazeneca Pfizer Moderna** Janssen	At least 3 months	No EUA and HTAC recommendat ion	Astrazeneca Pfizer Moderna**
Janssen (single dose)	At least 2 months	Janssen	Astrazeneca Pfizer Moderna** Sputnik Light*	At least 3 months	No HTAC recommenda-tion	Astrazeneca Pfizer Moderna**
Gamaleya Sputnik Light (single dose)	At least 2 months	No EUA	Astrazeneca Pfizer Moderna** Janssen	At least 3 months	No EUA and HTAC recommendat ion	Astrazeneca Pfizer Moderna**

**Contraindicated for pregnant and breastfeeding women*

*** half dose*

ANNEX B. INFORMED CONSENT FORM

INFORMED CONSENT FORM FOR SECOND ADDITIONAL/BOOSTER DOSE OF COVID-19 VACCINE
of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of April 20, 2022.

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 AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light 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 second additional/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 additional/booster dose vaccination as indicated in the Health Screening Questionnaire.

I have received sufficient information on the benefits and risks of receiving a additional/booster dose of the COVID-19 vaccine and I understand the possible risks if I am not vaccinated with an additional/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 additional/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). 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 second additional/booster dose of the COVID-19 Vaccine AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light.

_____ _____

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 AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light.

_____ _____

Signature over Printed Name | Date

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

INFORMED CONSENT FORM PARA SA PANGALAWANG ADDITIONAL/BOOSTER DOSE NG COVID-19 VACCINE

ng Philippine National COVID-19 Vaccine Deployment and Vaccination Program nitong Abril 20, 2022.

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 AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light, 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 pangalawang additional/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 additional/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 additional/booster dose ng bakuna sa COVID-19. Naiintindihan ko rin ang mga posibleng kahinatnan ko kung sakaling hindi ako magpabakuna ng additional/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 pangalawang additional/booster dose gamit ang COVID-19 Vaccine AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light.

_____ _____

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 AstraZeneca / Janssen / Moderna / Pfizer / Sinopharm / Sinovac / Sputnik Light.

_____ _____

Signature over Printed Name | Date

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

ANNEX C. HEALTH DECLARATION FORM

COVID-19 SECOND ADDITIONAL/BOOSTER DOSE VACCINATION HEALTH DECLARATION SCREENING FORM

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of April 20, 2022.

ASSESS THE PATIENT	NO	YES
Has received more than one booster dose?	❑	❑
Has it been less than four (4) months since the last booster dose?	❑	❑
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 ❑ Headache ❑ Cough ❑ Colds ❑ Sore throat ❑ Myalgia ❑ Rashes ❑ Fatigue ❑ Weakness ❑ Loss of smell/taste ❑ Diarrhea ❑ Shortness of breath/difficulty in breathing ❑ Nausea/ Vomiting ❑ 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 conditions? ❑ HIV ❑ Cancer/Malignancy and currently undergoing chemotherapy, radiotherapy, immunotherapy or other treatment ❑ Underwent transplant ❑ Under steroid treatment or medication ❑ Bed ridden, terminal illness, less than 6 months prognosis ❑ With autoimmune disease	❑	❑
➢ If with any of the abovementioned condition, is there any objection to vaccination from presented medical clearance **prior** to vaccination day?	❑	❑

Recipient's Name:						
Priority Group:	A1	A2	A3	A4	A5	ROAP
Birthdate:					**Sex:**	
Name and Signature of Health Worker:						

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

VACCINATE

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

COVID-19 PANGALAWANG ADDITIONAL/BOOSTER DOSE VACCINATION HEALTH DECLARATION SCREENING FORM

ng Philippine National COVID-19 Vaccine Deployment and Vaccination Program nitong Abril 20, 2022.

SURIIN ANG BABAKUNAHAN	NO	YES
Nakatanggap na ng higit sa isang booster dose?	❑	❑
Wala pang apat (4) na buwan mula noong huling booster dose?		
Edad ay mas mababa sa 18 taong gulang?	❑	❑
May malubhang alerhiya sa kahit anong sangkap ng bakunang maaaring ibigay sa araw na ito? O dating nagkaroon ng malubhang alerhiya matapos makatanggap ng kahit anong COVID-19 vaccine?	❑	❑
May alerhiya sa pagkain, itlog, 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 siringhilya (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 pagpapanaliti 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 / panginginig dahil sa lamig ❑ Sakit ng ulo ❑ Ubo ❑ Sipon ❑ Pananakit ng lalamunan ❑ Pananakit ng kalamnan ❑ Rashes ❑ Pagkapagod ❑ Panghihina ❑ 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? ❑ Na-diagnose ng Human Immunodeficiency Virus (HIV) ❑ Na-diagnose ng kanser (cancer/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 tataas sa anim (6) na buwan ang taning? ❑ May autoimmune disease?	❑	❑
➢ Kung may alinman sa mga nabanggit, tutol ba ang doktor sa pagbakuna sa dalang medical clearance bago ang araw ng pagbakuna?	❑	❑

Pangalan ng babakunahan						
Priority Group:	A1	A2	A3	A4	A5	ROAP
Birthdate:					**Kasarian:**	
Pangalan at Lagda ng Health Worker:						

VACCINATE

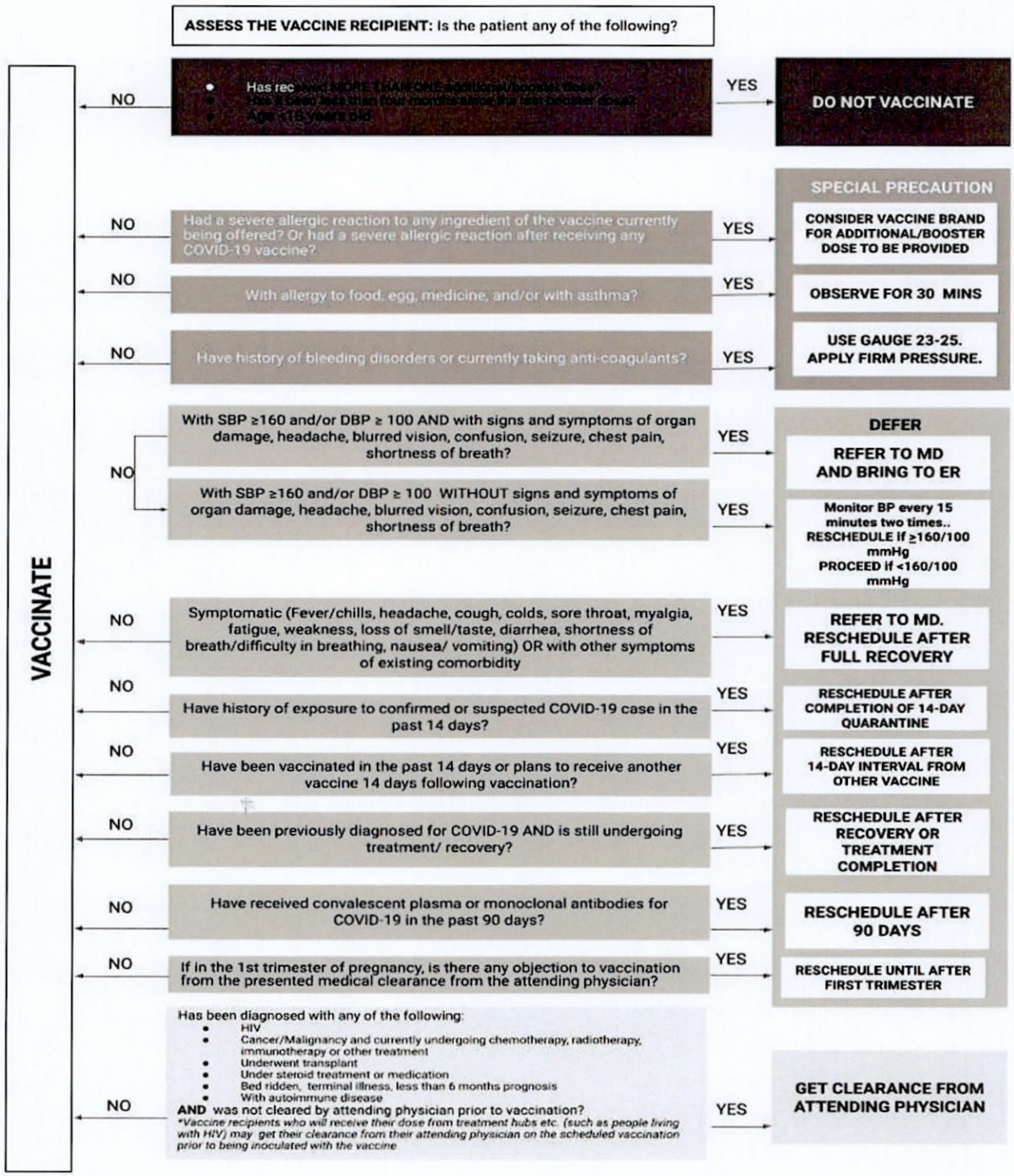
Kung alinman sa **puting** kahon ang may tsek, **IPAGPALIBAN** muna ang pagbabakuna

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

ANNEX D. HEALTH ASSESSMENT ALGORITHM FORM

COVID-19 SECOND ADDITIONAL/BOOSTER DOSE VACCINATION HEALTH ASSESSMENT ALGORITHM FORM

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of April 20, 2022.



COVID-19 PANGALAWANG ADDITIONAL/BOOSTER DOSE VACCINATION HEALTH ASSESSMENT ALGORITHM FORM

ng Philippine National COVID-19 Vaccine Deployment and Vaccination Program nitong Abril 20, 2022.