

## REQUEST FOR IMMUNIZATION SERVICES

**ABOUT THE SERVICES:**

All children 0-11 months old must receive the complete doses of vaccination against the 7 immunizable diseases as mandated by the Department of Health, being implemented by the City Health Office.

All pregnant women must also receive Tetanus Toxoid to prevent the occurrence of Tetanus Neonatorum in newborns.

**WHO MAY AVAIL OF THE SERVICE:** All children 0-11 months and all pregnant women.

**WHAT ARE THE REQUIREMENT:** None

**FEES/CHARGES:** NONE

**SCHEDULE OF AVAILABILITY OF THE SERVICE :**

- For Infants  
Every Wednesday 8:00 AM – 12:00 NN
  
- For Pregnant Women  
Every Thursday 8:00 AM –12:00 NN

**HOW TO AVAIL THE SERVICE:**

STEPS	APPLICANT/C LIENT	SERVICE PROVIDER	PROCESSIN G TIME	PERSON IN CHARGE/RESP ONSIBLE	FEES/ CHAR GES	FORM S
1	Present child for immunization	Greets and asks for the immunization record	5 minutes	MIDWIFE IN-CHARGE OF THE BARANGAY		
		Weighs child and checks record for vaccine needed	3-5 minutes	MIDWIFE IN-CHARGE (see annex A)		
2	Proceed to Immunization room	Conducts immunization activity	1-5 minutes	MIDWIFE IN-CHARGE (see annex A)		
3	Take note of the next immunization schedule	Informs mother/guardian of the next immunization schedule	3-5 minutes	MIDWIFE IN-CHARGE (see annex A)		

**x -x-x-x-x-x- END OF TRANSACTION -x-x-x-x-x-x**

\*\* If the midwife in-charge of the barangay is not available, client/s may avail the service from any of the midwife available.