Annex B

LIST OF COVID-19 VACCINATION FOCAL PERSONS

Region: _____
Office Telephone Number: _____
Fax Number: _____
Office Email Address (for statistics): _____
Date: _____

Area of Assignment	**Name**	**Position** (e.g. Nurse II, PDO, etc.)	**Contact Details**		**Remarks:**
			DepEd Email	Office Number and/or Mobile Number	New User or Suspended Account?
Region:					
Division:					
1.					
2.					

*All personal information collected will be used, accessed, stored, and disposed in accordance to the Data Privacy Act of 2012 and the Department of Education Policies.

** Send the filled-up form to medical.nursing@deped.gov.ph with subject line: **COVID-19 Focal Persons**.

Prepared by:

_____
Name and Designation

Approved by:

_____
Name and Designation of Head of Office