



MASTER COPY

MEMORANDUM

FOR : ALL BOC OFFICIALS AND EMPLOYEES CONCERNED

FROM : KHRISTINE JANE V. MELENCIO
(Signature)
 Acting Chief, Human Resource Management Division

SUBJECT : 4th Batch: Administration of COVID-19 Booster Dose Vaccination Activity on 18 March 2022 (Friday)

DATE : 16 March 2022

1. This refers to the HRMD Memorandum dated 09 March 2022, directing all BOC Officials and Employees in the Central Office, and Collection Districts within Luzon to accomplish the **BOC Online Survey Form for the Administration of COVID-19 Booster Dose**.
2. Kindly note that the submitted forms were further evaluated by this Office to determine whether they are qualified to receive booster dose on 18 March 2022.
3. In relation to this, those individuals who accomplished the form but were not included in the said list were considered as non-eligibles for booster dose (i.e. deficiency in the required date of completion of COVID-19 primary series) as determined by the Medical and Dental Division (MDD).
4. In this regard, all qualified BOC officials and employees who were included in the attached list (**Annex "A"**), are hereby directed to attend and receive their COVID-19 booster dose in the **4th Batch: Administration of COVID-19 Booster Dose Vaccination Activity on 18 March 2022, 8:00AM – 12:00NN**, at the **Medical and Dental Division, NPO Bldg., Bureau of Customs-Central Office**.
5. All BOC Officials and Employees concerned must bring the following requirements to be presented at the vaccination site:
 - a. Vaccination Card (COVID-19 Primary Series)
 - b. Duly Accomplished Forms (**Annex "B"**)
6. Furthermore, cancelled confirmations shall be coordinated with the HRMD at least one (1) day before the actual date of vaccination activity.
7. For information and compliance.



BUREAU OF CUSTOMS

MAKABAGONG ADUANA, MATATAG NA EKONOMIYA

MASTER COPY
mm

PROFESSIONALISM INTEGRITY ACCOUNTABILITY

ANNEX "A" – List of Eligible Employees for COVID-19 Booster

NO.	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	GROUP/PORT
1	Abuan	Jerome	Cariaso	N/A	Port of Manila
2	Acosta	Edrin	Sibog	N/A	Port of Manila
3	Aguasa	Trisha Lorraine	Meriel	N/A	Central Office
4	Agudo	Joanne	Davocol	N/A	Central Office
5	Anciro	Belliardo	Alviar	N/A	Port of Limay
6	Añonuevo	Marianito	Valencia	N/A	Port of Manila
7	Aquino	Francis Bernabe	Bautista	N/A	Central Office
8	Aranas	Darlence	Espino	N/A	Port of Manila
9	Arcilla	Minnette	Marilla	N/A	Port of Legaspi
10	Autriz	Lord Jane	Patoc	N/A	Central Office
11	Bacsal	Anselma	Mutya	N/A	Port of Manila
12	Ballena	Sarah Jane	Gianan	N/A	Manila International Container Port
13	Balmores	Jesus	Daileg	N/A	Manila International Container Port
14	Basañes	Karell Roeden	Felipe	N/A	Port of Manila
15	Benitez	Jose	Rosete	N/A	Port of Manila
16	Bermejo	James Roi	Perez	N/A	Port of Manila
17	Boniel	Jenny	Sevillano	N/A	Port of Manila
18	Botobara	Joel	G	N/A	Port of Manila
19	Brocoy	John Phillip	Villaflor	N/A	Port of Manila
20	Camba	Ricky	Pamo	N/A	Manila International Container Port
21	Crisol	Rafael	Manlangit	N/A	Port of Manila
22	Cruz	Christian	Gonzaga	N/A	Port of Subic
23	Cruz	Rodney June	Laiz	N/A	Port of Limay
24	Datuin	Bienvenido	Ramirez	N/A	Central Office
25	Dela Cruz	Lauro	Villanueva	N/A	Port of Manila
26	Delos Santos	Samuel	Mangilog	N/A	Port of Limay
27	Dimaporo	Noah	Macabato	N/A	Port of Manila
28	Efondo	Lorelyn	Guinto	N/A	Port of Legaspi
29	Emocling	Melanie	Martinez	N/A	Port of Manila
30	Francis	Maria Melissa	Manuel	N/A	Central Office
31	Galvez	Hiyasmin	Tolosa	N/A	Port of Manila
32	Garcia	Angela Grace	Idmilao	N/A	Central Office
33	Garcia	Noemi	Alcala	N/A	Central Office
34	Geronimo	Allan	Co	N/A	Central Office
35	Kibanoff	Lester	Quintos	N/A	Port of Limay
36	Lagmay	Frecy	Pilapil	N/A	Port of Manila
37	Lopez	Joyce-Ann	Luis	N/A	Port of Manila
38	Lucena	Jonel	Linao	N/A	Central Office
39	Lucman	Haroun Al-Rashid	Lucman	N/A	Port of Manila
40	Macale	Romar	Estrella	N/A	Port of Manila
41	Macatubal	Karizza	Bringas	N/A	Central Office
42	Mama	Mohamadkhalid	Mohamad	N/A	Port of Subic
43	Mamaril	Glecee Mae	Rebucas	N/A	Port of Manila



BUREAU OF CUSTOMS

MAKABAGONG ADUANA, MATATAG NA EKONOMIYA



PROFESSIONALISM

INTEGRITY

ACCOUNTABILITY

44	Marasigan	Diana Marie	Gonzales	N/A	Port of Batangas
45	Masorong	Ansarullah	Pangarungan	N/A	Port of Manila
46	Maunting	Macaurog	Guro	N/A	Port of Manila
47	Mendoza	Roy Vincent	Arizo	N/A	Central Office
48	Montejo	Arra Christine	Serrano	N/A	Port of Limay
49	Nasser	Abdul Jabbar	Alioden	N/A	Port of Limay
50	Natividad	Rico James	Ladera	N/A	Central Office
51	Ortega	Mercedita	Yapchapco	N/A	Port of Manila
52	Pamoraga	John Bryan	Vilar	N/A	Port of Manila
53	Paulino	Danilo	De Leon	N/A	Port of Manila
54	Paulino	Brenda	Laca	N/A	Port of Manila
55	Peña	Maria Carmen	Mercado	N/A	Port of Manila
56	Peniza	Archer	Pamittan	N/A	Port of Aparri
57	Puno	Jose Manuel	Batac	N/A	Port of Clark
58	Ramos	Michael John	Patio	N/A	Port of Clark
59	Reniva	Raymond	Roaring	N/A	Central Office
60	Rosel	Leonides	Pilapil	N/A	Port of Manila
61	Savellano	Jayrald	Alejandro	N/A	Port of Manila
62	Semaña	Ric	Banawa	N/A	Port of Manila
63	Soriano	Jeseth	Dela Cruz	N/A	Central Office
64	Trespeces	Alejandro	Feliciano	N/A	Port of NAIA
65	Verano	Robert Jason	Castil	N/A	Port of Limay
66	Rominez	Jonah	Guarin	N/A	Ascent Solutions Phil
67	Alcala	Naomi Winona	Naife	N/A	Dependent
68	Atencia	Vincent John	De Castro	N/A	Dependent
69	Castro	Katrina Jane	Tepait	N/A	Dependent
70	Delos Santos	Ed Marie	Rodriguez	N/A	Dependent
71	Eduardo	Gerris	Atencia	N/A	Dependent
72	Santiago	Chessyer	Trinidad	N/A	Dependent
73	Sevilla	Haris Jayson	Santos	N/A	Dependent
74	Sevilla	Haris Jayson	Santos	N/A	Dependent
75	Veridiano	David Neil	Alcala	N/A	Dependent
76	Villar	Marc Arnold	Escarcha	N/A	Dependent
77	Villar	John Arnold	Escarcha	N/A	Dependent



INFORMED CONSENT FORM FOR ADDITIONAL/BOOSTER DOSES OF COVID-19 VACCINE

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program as of November 19, 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/booster dose for specific populations in light of new scientific evidence.

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

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.

Signature over
Printed Name

Date

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.

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

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.

Signature over
Printed Name

Date

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

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.



COVID-19 ADDITIONAL/BOOSTER DOSE VACCINATION

HEALTH DECLARATION SCREENING FORM

MASTER COPY

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

ASSESS THE PATIENT	NO	YES														
Has received and completed the primary dose series of any COVID-19 vaccines AND has received an additional/booster dose? <i>Primary dose series:</i> > Two doses of Pfizer-BioNTech, Moderna, Sinovac, Gamaleya, AstraZeneca; or > One dose of Janssen	<input type="checkbox"/>	<input type="checkbox"/>														
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?	<input type="checkbox"/>	<input type="checkbox"/>														
Below 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>														
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?	<input type="checkbox"/>	<input type="checkbox"/>														
Has allergy to food, egg, medicines? Has asthma? > If with allergy or asthma, will monitoring the patient for 30 minutes be a problem?	<input type="checkbox"/>	<input type="checkbox"/>														
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?	<input type="checkbox"/>	<input type="checkbox"/>														
Has SBP \geq 160 mmHg and/or DBP \geq 100 mmHg WITH signs and symptoms of organ damage?	<input type="checkbox"/>	<input type="checkbox"/>														
If initially with SBP \geq 160 mmHg and/or DBP \geq 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?	<input type="checkbox"/>	<input type="checkbox"/>														
Manifests any one of the following symptoms? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fever/chills</td> <td><input type="checkbox"/> Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Weakness</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Loss of smell/taste</td> </tr> <tr> <td><input type="checkbox"/> Colds</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Shortness of breath/difficulty in breathing</td> </tr> <tr> <td><input type="checkbox"/> Myalgia</td> <td><input type="checkbox"/> Nausea/ Vomiting</td> </tr> <tr> <td><input type="checkbox"/> Rashes</td> <td><input type="checkbox"/> Other symptoms of existing comorbidity</td> </tr> </table>	<input type="checkbox"/> Fever/chills	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Weakness	<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of smell/taste	<input type="checkbox"/> Colds	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Shortness of breath/difficulty in breathing	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Nausea/ Vomiting	<input type="checkbox"/> Rashes	<input type="checkbox"/> Other symptoms of existing comorbidity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fever/chills	<input type="checkbox"/> Fatigue															
<input type="checkbox"/> Headache	<input type="checkbox"/> Weakness															
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of smell/taste															
<input type="checkbox"/> Colds	<input type="checkbox"/> Diarrhea															
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Shortness of breath/difficulty in breathing															
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Nausea/ Vomiting															
<input type="checkbox"/> Rashes	<input type="checkbox"/> Other symptoms of existing comorbidity															
Has history of exposure to a confirmed or suspected COVID-19 case in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>														
If previously diagnosed with COVID-19, is recipient STILL undergoing recovery or treatment?	<input type="checkbox"/>	<input type="checkbox"/>														
Has received any vaccine in the past 14 days or plans plan to receive another vaccine 14 days following vaccination?	<input type="checkbox"/>	<input type="checkbox"/>														
Has received convalescent plasma or monoclonal antibodies for COVID-19 in the past 90 days?	<input type="checkbox"/>	<input type="checkbox"/>														
If in the 1st trimester of pregnancy, is there any objection to vaccination from the presented medical clearance from the attending physician?	<input type="checkbox"/>	<input type="checkbox"/>														
Has any of the following diseases or health conditions? <input type="checkbox"/> HIV <input type="checkbox"/> Cancer/Malignancy and currently undergoing chemotherapy, radiotherapy, immunotherapy or other treatment <input type="checkbox"/> Underwent transplant <input type="checkbox"/> Under steroid treatment or medication <input type="checkbox"/> Bed ridden, terminal illness, less than 6 months prognosis <input type="checkbox"/> With autoimmune disease	<input type="checkbox"/>	<input type="checkbox"/>														
> If with any of the abovementioned condition, is there any objection to vaccination from presented medical clearance prior to vaccination day?	<input type="checkbox"/>	<input type="checkbox"/>														

Recipient's Name:

Sex:

Parent's/ Legal Guardian's Name:

Wt (kg)

Birthdate:

BP:

Temp:

VACCINATE

If any of the white boxes is checked,