



Republic of the Philippines

Tourism Infrastructure & Enterprise Zone Authority

MEMORANDUM

FOR : THE OFFICE OF THE CHIEF OPERATING OFFICER
ALL ASSISTANT CHIEF OPERATING OFFICERS
ALL DEPARTMENT MANAGERS

FROM : *[Signature]*
THE MANAGER
Administrative Services Department

SUBJECT: COVID-19 VACCINE IMMUNIZATION RECIPIENT LIST

DATE : 27 JULY 2021

In preparation for our COVID-19 Vaccination Activity scheduled within the 2nd Semester of CY 2021, be informed that all our personnel are entitled to two (2) doses of the COVID-19 vaccines which were procured by the Authority. In case our personnel is unavailable or have already been inoculated by the time our vaccination activity pushes through, may we request for a list of substitute vaccine recipients identified by your personnel, taking into account the following:

1. **Priority substitute vaccine recipients.** To reduce the risk of infection and transmission of COVID-19 at home, it is recommended that **immediate family members or relatives** sharing the same household with the TIEZA personnel be prioritized as substitute vaccine recipients.
2. **Availability of the substitute vaccine recipient.** The TIEZA personnel, as the main vaccine recipient, shall be responsible for the availability of his/her substitute vaccine recipient on the scheduled vaccination day and time slot.
3. **Eligibility to be vaccinated.** TIEZA personnel must not designate persons who must NOT be vaccinated, per DOH guidelines, as their substitute vaccine recipients.
4. **Preparation of documents.** Prior to the vaccination day, all TIEZA personnel or their substitute recipients are enjoined to have on-hand the appropriate proofs of comorbidities, medical certificate and clearance as required by the DOH.

Kindly use the format below for our standard documentation:

DEPARTMENT: _____

Main COVID-19 Vaccine Recipient (TIEZA personnel)	Employment Status (Regular, JO, CoS)	Designated Substitute Vaccine Recipient	Relationship to the Main Vaccine Recipient	Priority Group of Substitute Recipient (A2, A3, A4)
Dela Cruz, Juana S.	Regular	Dela Cruz, Peter F.	Brother	A4

Prepared by: _____
Secretary
(Name and Signature)

Reviewed by: _____
Department Manager
(Name and Signature)

Please submit the list to ADSD on or before Thursday, 5 August 2021.

For your information and appropriate action.