



Camella Lipa Homeowners' Association, Inc.

Brgy. Tibig, Lipa City Batangas • HLURB Reg. No. 15447 • TIN No. 420-931-299-000

Official Website: <https://camellalipahoa.com> • Contact No.: +639171364374 •

Email: hoaofficial@camellalipahoa.com

CIRCULAR 2025 – 0102

Date : January 17, 2025
To : Our Valued Residents/Tenants
From : HOA Office
Re : Free Flu Vaccination Drive for the First 100 Participants

The Department of Health (DOH), in partnership with Camella Lipa Homeowners' Association, Inc., is pleased to announce a **Free Flu Vaccination Drive** to promote public health and ensure protection against the flu. This initiative is open to the first **100 individuals aged 6 months and above who reside exclusively in Camella Lipa subdivision Phase 1-6.**

Details of the Registration and Vaccination Drive:

- **Date of Registration/Vaccination:** Sunday, January 19, 2025
- **Time:** 1.00PM
- **Venue:** Camella Lipa Clubhouse

Important Information:

1. Open to individuals aged 6 months and above.
2. Participants must present a valid government-issued ID.
3. Priority will be given on a **first-come, first-served basis.**
4. Participants will be required to fill out and sign a **waiver form** before receiving the vaccine.
5. Parental or guardian consent is mandatory for minors (under 18 years of age).

The waiver form ensures that participants understand the terms of receiving the free flu vaccine and acknowledge any potential risks. The form must be signed and submitted before the vaccination.

Camella Lipa Homeowners' Association is committed to safeguarding public health and encourages all eligible individuals to take advantage of this opportunity. Let's work together to build a healthier community!

For any inquiries, you may contact the HOA office at 09171364374 or email hoaofficial@camellalipahoa.com

Thank you for your attention and cooperation.

Sincerely,

HOA OFFICE

Camella Lipa Homeowners' Association, Inc.

Approved by:

Christopher Lloyd O. Castillo
CLHOA - BOD President

CONTACT US:

**BILLING CONCERN – Email: camellalipahoa@yahoo.com.ph; camellahoa2021@gmail.com; **ENGINEER CONCERN – Email: camhoa.engineer421@gmail.com

FB Messenger: **Camella Lipa Hoai** • FB Page: **Camella Lipa Homeowner's Association, Inc.-Official**



Camella Lipa Homeowners' Association, Inc.
Brgy. Tibig, Lipa City Batangas · HLURB Reg. No. 15447 · TIN No. 420-931-299-000
Official Website: <https://camellalipahoa.com> · Contact No.: +639171364374 ·
Email: hoaofficial@camellalipahoa.com

WAIVER AND CONSENT FORM

Free Flu Vaccination Drive
Sunday, January 19, 2025 at Camella Lipa Clubhouse – Brgy. Tibig, Lipa City

I, the undersigned, hereby acknowledge, agree, and consent to participate in the **Free Flu Vaccination Drive** organized by the Department of Health (DOH) in collaboration with Camella Lipa Homeowners' Association, Inc. By signing this waiver, I confirm the following:

1. Acknowledgment of Voluntary Participation

I understand that my participation in the Free Flu Vaccination Drive is entirely voluntary. I confirm that I am one of the first **100 individuals aged 6 months and above** who have registered for this initiative.

2. Confirmation of Health Status

I confirm that I am in good health and have disclosed any medical conditions, allergies, or contraindications that may affect my suitability for the flu vaccination. I have consulted with a healthcare professional if necessary.

3. Understanding of Risks

I acknowledge that while the flu vaccine is generally safe, it may carry certain risks, including but not limited to mild side effects (e.g., soreness at the injection site, fever) or rare severe allergic reactions. I have been informed of these risks and accept them.

4. Release of Liability

I release and hold harmless the Department of Health (DOH), Camella Lipa Homeowners' Association, Inc., its staff, healthcare professionals, volunteers, and associated entities from any liability, claims, or damages arising from my participation in this vaccination drive, except in cases of gross negligence or willful misconduct.

5. Consent for Minors (If Applicable)

For participants under the age of 18: I, as the parent/legal guardian of the minor named below, provide my consent for them to receive the flu vaccine. I have read and understood this waiver and agree to its terms on their behalf.

Participant Information:

Name: _____ Age: _____
Contact Number: _____ Address: Phase _____ Block _____ Lot _____

Signature: _____ Date: _____

For Minors:

Name of Minor: _____ Age: _____

Parent/Guardian Name & Signature: _____ Date: _____

***This waiver must be completed and submitted during registration before the vaccination on January 19, 2025.*