



City Government of Imus  
**CITY HEALTH OFFICE**

# CITIZEN'S CHARTER

## CITY HEALTH OFFICE



CITY OF  
**IMUS**  
FLAG CAPITAL



MAYOR Emmanuel MALIKSI



@EmmanuelMaliksi



@CityMayorELM



[www.imus.gov.ph](http://www.imus.gov.ph)

# CITIZEN'S CHARTER

## CITY HEALTH OFFICE

The office is mandated to ensure the well-being of the citizens through available and appropriate medical services to all Imuseños especially for the marginalized sector of the community.

### FUNCTIONAL STATEMENT

The **City Health Office** shall:

1. Provide programs as approved by the City Mayor, for carrying out efficient and necessary health care services to the citizens;
2. Formulate measures for the consideration of the Sanggunian and provide technical assistance to the City Mayor to ensure the delivery of basic health services and provision of adequate facilities relative to the Section 17 of the Local Government Code;
3. Develop and implement plans upon approval of the City Mayor, particularly health programs and projects, which the City mayor and the Sanggunian is empowered to provide.



## **FRONTLINE SERVICES OFFERED**

- Provide Immunization Services
- Provide Pre-natal Examination
- Provide medical consultation
- Provide Dental Care services
- Issuance of Anti-Tuberculosis Medicines
- Issuance of Anti-Leprosy Medicines
- Issuance of Health related certifications
- Issuance and Renewal of Sanitary Permit
- Issuance of Health Certificate
- Provide HIV Testing
- Provide Anti-Rabies Vaccination
- Provide Maternal Care Services
- Provide Nutritional Services

## **FRONTLINE SERVICES PROCEDURE**

### **PROVIDE IMMUNIZATION SERVICES**

#### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

#### **REQUIREMENT(S):**

- Existing Growth Chart Form  
(For first time clients, the midwife on duty will provide the Growth Chart Form)
- Barangay Clearance
- One (1) Government Issued or any Valid I.D.

#### **FEE(S)/CHARGE(S):**

None



## HOW TO AVAIL THE SERVICE:

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Provide the data being asked	Check the existing record of the client	Barangay Health Center: Midwife on duty (See Annex 1)	3 minutes
2	Undergo the physical examination	Record the vital signs and conduct physical examination		15 minutes
3	Receive the immunization	Provide immunization		5 minutes
		Provide post-immunization instructions		3 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				26 minutes
<b>END OF TRANSACTION</b>				

**Note:** The immunization service is provided by Barangay Health Centers

## PROVIDE PRENATAL EXAMINATION

### WHO MAY AVAIL THE SERVICE:

- All pregnant residents of the City of Imus

### REQUIREMENT(S):

- Existing Home-Based Mother Record  
(For first time clients, the Midwife on duty will provide the Home-Based Mother Record)
- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### FEE(S)/CHARGE(S):

None



## HOW TO AVAIL THE SERVICE:

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Provide the data being asked	Accomplish the Home-Based Mother Record	Barangay Health Center: Midwife on duty (See Annex 1)	3 minutes
2	Undergo the physical examination	Record the vital signs and conduct physical examination		15 minutes
3	Undergo the Pre-Natal Examination Health Education	Provide Pre-Natal Examination Health Education and available medicines		10 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				28 minutes
<b>END OF TRANSACTION</b>				

**Note:** The pre-natal examination is given by Barangay Health Centers

## PROVIDE MEDICAL CONSULTATION

### WHO MAY AVAIL THE SERVICE:

- All residents of the City of Imus

### REQUIREMENT(S):

- Existing Individual Treatment Record  
(For first time clients, the Midwife on duty will provide the Individual Treatment Record)
- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### FEE(S)/CHARGE(S):

None



## HOW TO AVAIL THE SERVICE:

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Provide medical history	Interview the patient	Barangay Health Center: Midwife on duty (See Annex 1)	5 minutes
2	Undergo the examination	Record the vital signs and conduct physical examination		15 minutes
		Prescribe the appropriate medicine(s) and medical advice		5 minutes
3	Receive the medicine	Provide the medicine (if available)		2 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				27 minutes
<b>END OF TRANSACTION</b>				

**Note:** If hospitalization is required, fill-out the referral form to the hospital-of-choice.

## PROVIDE DENTAL CARE SERVICES

Clients can avail the following services:

- Tooth Extraction
- Prophylaxis (For Pre-schools and Pregnant Women)
- Gum Treatment

### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

### **REQUIREMENT(S):**

- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### **FEE(S)/CHARGE(S):**

None



**HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Register the name in the logbook and receive a call number	Assist the client and provide a call number	Dental Aide	3 minutes
		Record the patient's blood pressure and vital signs		5 minutes
2	Undergo teeth examination	Examine the teeth of the patient	Dentist on duty (See Annex 2)	5 minutes
3	Receive dental care service (tooth extraction, prophylaxis and gum treatment)	Provide dental care service (tooth extraction, prophylaxis and gum treatment)		45 minutes
		Prescribe the appropriate medicine (if available)		2 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				1 hour
<b>END OF TRANSACTION</b>				

**Note:** For critical cases, the patient is being referred to other public/private clinics/hospitals that can accommodate his/her needs.



## **ISSUANCE OF ANTI-TUBERCULOSIS MEDICINES**

### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

### **REQUIREMENT(S):**

- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### **FEE(S)/CHARGE(S):**

None

### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Undergo the interview and undergo the physical examination	Interview the patient and conduct physical examination	Barangay Health Center: Midwife on duty (See Annex 1)	5 minutes
		Refer to TB DOTS Clinic		
2	Submit the specimen	Collect the specimen	NTP Nurse: Arman Lasquete; Amielyn Mangalubnan; Marites Chua	3 minutes
		Provide the releasing date of the result	Arman Lasquete; Amielyn Mangalubnan; Marites Chua	2 minutes
		Assess the result of the specimen	Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina	48 hours





		If positive, enroll the patient to NTP Nurse	Romina Bautista; Wilson Uy; Rhina Rea Padura	20 minutes
3	Receive the medicine	Issue the TB medicine supply band and provide instructions of intake		5 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				48 hours and 35 minutes
<b>END OF TRANSACTION</b>				

**Note:** All TB patients enrolled will undergo the HIV testing for free at Imus Reproductive and Wellness Center (Velarde Health Center)

### **Issuance of Anti-Leprosy Medicines**

#### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

#### **REQUIREMENT(S):**

- Barangay Clearance
- One (1) Government Issued or any valid I.D.

#### **FEE(S)/CHARGE(S):**

None

#### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Provide the information being asked	Gather the background information and medical history of the patient	Romina Bautista; Lorena Camino; Rhina Rea Padura	3 minutes
2	Undergo the examination	Examine the patient for signs and symptoms of leprosy and conduct laboratory examination		30 minutes



		Enroll the patient for multi-drug therapy and provide lecture to the patient		10 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				43 minutes
<b>END OF TRANSACTION</b>				

### **ISSUANCE OF HEALTH RELATED CERTIFICATIONS**

Concerned citizens may request the following:

- Burial Transfer and Exhumation Permit
- Certificate of Potability
- Medical Certificate for various purposes

### **WHO MAY AVAIL THE SERVICE:**

- For death occurred in the City of Imus (Burial Transfer and Exhumation Permit)
- All business establishments in the City of Imus (Certificate of Potability)
- All residents of the City of Imus (Medical Certificate)

### **REQUIREMENT(S):**

- Photocopy of death certificate (for Burial Transfer and Exhumation Permit)
- Latest Physical and Chemical Test and Microbiological Test Result (for Certificate of Potability)
- Accomplished Medical Certificate Form from Tricycle Regulatory Unit (for Certificate of Tricycle Franchise) – For Sanitary Inspectors
- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### **FEE(S)/CHARGE(S):**

None



## HOW TO AVAIL THE SERVICE:

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Present the requirements	Assess the requirements	Sanitary Inspectors: Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino	3 minutes
2	Undergo medical examination	Conduct medical examination (for Medical Certificate)		10 minutes
		Process the request		5 minutes
3	Receive the document	Release the document	Doctors: Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina	2 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				20 minutes
<b>END OF TRANSACTION</b>				

## ISSUANCE AND RENEWAL OF SANITARY PERMIT

### WHO MAY AVAIL THE SERVICE:

- All business establishments in the City of Imus

### REQUIREMENT(S):

#### New:

- Accomplished Business Assessment Form
- Latest result of Water Microbiological Examination (for food establishment and water station)
- Latest result of Laboratory Examination of employees
- Sanitary Clearance for the last three (3) months (proof that the establishment is already inspected)



**Renewal:**

- Accomplished Business Assessment Form
- Latest result of Microbiological Examination (for food establishment and water station) Monthly test from January to December of the previous year
- Latest result of Laboratory Examination of employees - two (2) results within the year with a six months interval
- Previous Sanitary Clearance
- Certificate of Disposal from Private Contractor (for health care facility- Disposal of infectious waste)

**FEE(S):**

- Sanitary Permit                      Refer to the SP Ordinance No. 2008-94  
(Revenue Code)

**HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Present the requirements	Assess the requirements	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino	3 minutes
		Process the request		3 minutes
2	Receive the document	Release the document		2 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				8 minutes
<b>END OF TRANSACTION</b>				

**Note:** All business establishments undergo the site inspection beforehand and receive the Sanitary Clearance to be presented during the application and renewal of Sanitary Permit.



## **ISSUANCE OF HEALTH CERTIFICATE**

### **WHO MAY AVAIL THE SERVICE:**

- All employed in the City of Imus

### **For employment purposes:**

- Health Certificate from Department of Health (DOH) Accredited Laboratories
  - Results of Fecalalysis
  - Results of Chest X-ray
  - Results of Urinalysis
  - Results of Drug Test
- Barangay Clearance
- One (1) Government Issued or any valid I.D.

### **FEE(S)/CHARGE(S):**

- Health Certificate                      Php 100.00

### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Present the requirements	Verify the submitted requirements and refer to the City Treasurer's Office for the payment	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino	5 minutes
2	Pay the required fee	Receive the payment and issue the O.R.	City Treasurer's Office (Window 10 and 11)	2 minutes
3	Attend the HIV Seminar at Velarde Health Center (For first time applicants only)	Conduct the HIV Seminar	Dr. Ferdinand Mina	10 minutes



		Process the request	Felisa delos Santos;	5 minutes
4	Receive the document	Release the document	Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino	1 minute
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				23 minutes
<b>END OF TRANSACTION</b>				

### **PROVIDE HIV TESTING AND SATELLITE TREATMENT HUB**

#### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

#### **REQUIREMENT(S):**

- Barangay Clearance
- One (1) Government Issued or any valid I.D.

#### **FEE(S)/CHARGE(S):**

None

#### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Undergo the interview	Interview the patient and conduct pre-test counseling	HIV Counselors: Dr. Ferdinand Mina; Romina Bautista; Rina Padura; Wilson Uy; Nhea Redrico	30 minutes
2	Undergo the HIV testing	Conduct HIV testing	Arman Lasquete	40 minutes



		Conduct post-test counseling (if positive)	HIV Counselors	15 minutes
3	Receive treatment	Provide the treatment	Dr. Ferdinand Mina	15 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				1 hour and 40 minutes
<b>END OF TRANSACTION</b>				

**Note:** You can avail the service at Imus Reproductive and Wellness Center located at Velarde Health Center

### **PROVIDE ANTI-RABIES VACCINATION**

#### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

#### **REQUIREMENT(S):**

- Barangay Clearance
- One (1) Government Issued or any valid I.D.

#### **FEE(S)/CHARGE(S):**

None

#### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Undergo the interview	Interview and assess the patient	Romina Bautista; Arlene Angeles; Eprilyn Vaquez	5 minutes
2	Undergo the physical examination	Record the vital signs of the patient and conduct physical examination and categorization	Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina	15 minutes



3	Receive anti-rabies vaccination	Provide anti-rabies vaccination	Romina Bautista; Arlene Angeles; Eprilyn Vaquez	5 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				20 minutes
<b>END OF TRANSACTION</b>				

**Note:** You can avail the service at Animal Bite Clinic located in all City Health Offices (District 1, 2 and 3)

### **PROVIDE MATERNAL CARE SERVICES**

#### **WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus

#### **REQUIREMENT(S):**

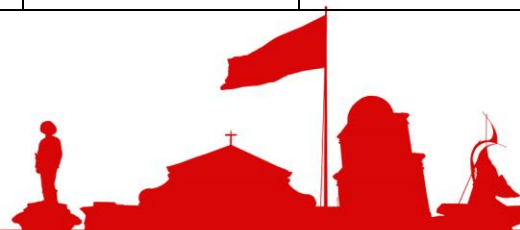
- Barangay Clearance
- One (1) Government Issued or any valid I.D.
- Existing Home-based Mother Record
- Attended at least three (3) sessions of Pre-natal Examination (held at Barangay Health Centers)

#### **FEE(S)/CHARGE(S):**

- Refer to the SP Ordinance No. 2008-94 (Revenue Code)

#### **HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Undergo the interview	Interview and assess the patient	Birthing home District 1 and 2: Midwife on duty (See Annex 1)	5 minutes
2	Undergo the physical examination	Record the vital signs of the patient and conduct physical examination		15 minutes
3	Deliver the baby	Monitor the progress (for true labor) and deliver the baby		6 hours





		Observe the patient and the baby (after delivery)		2 hours
4	Discharge at the birthing home and receive medicines and post-discharge instructions	Discharge the patient with take home medicines and post-discharge instructions		24 hours
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				32 hours and 20 minutes
<b>END OF TRANSACTION</b>				

**Note:** For emergency, the Birthing Home District 1 and 2 will cater to the needs of the patient regardless of its residency.

**PROVIDE NUTRITIONAL SERVICES**

**WHO MAY AVAIL THE SERVICE:**

- All residents of the City of Imus with age 0-59 months

**REQUIREMENT(S):**

None

**FEE(S)/CHARGE(S):**

None

**HOW TO AVAIL THE SERVICE:**

STEP	PROCEDURE		DIVISION/ PERSON RESPONSIBLE	DURATION OF ACTIVITY
	CLIENT	DEPARTMENT/ UNIT		
1	Provide the information being asked	Fill up the OPT Form	Barangay Nutrition Scholar (BNS)	5 minutes
2	Undergo the weighing and height/length measurement	Record the actual weight and height/length measurement and submit to the City Nutrition Program Council		5 minutes
		Assess the nutritional status	City Nutrition Program Council: Cristina Balana; Andrelita Santiago	15 minutes

3	Receive the nutritional supplies (Micro-nutrients and GP Program) and instructions	Provide the nutritional supplies (Micro-nutrients and GP Program) and instructions (for malnourished children)		5 minutes
Fill-out the Client Satisfaction Rating Form				
<b>TOTAL DURATION OF ACTIVITY</b>				30 minutes
<b>END OF TRANSACTION</b>				



## ANNEX 1

### MIDWIFE ON DUTY AND THEIR RESPECTIVE BARANGAY HEALTH STATION

<b>DISTRICT 1</b>	
<b>Name</b>	<b>Barangay Health Station</b>
Isabelita Aure	Medicion II-D
Solidad Melo	Alapan I-B
Rufina Samala	Medicion I-B
Sally Camunas	Alapan I-A
Constacia Ochoa	Pag-Asa II
Francia Rios	Toclong I-C
Alma Rementilla	Carsadang Bago I
Edelyn Epsioco	Toclong II

<b>DISTRICT 2</b>	
<b>Name</b>	<b>Barangay Health Station</b>
Melba Reyes	Bahayang Pag-Asa
Edna Manimbao	Poblacion III & IV (Main Health Center)
Fe Sernol	Buhay Na Tubig
Girlie Manubai	Poblacion (Main Health Center)
Leah Medina	Tanzang Luma VI
Cristy Fernandez	Bayan Luma II (Doña Dionisa Subd.)
Janet Jayona	Poblacio I (Quartel)
Melodina Sanstos	Poblacion (Main Health Center)

<b>DISTRICT 3</b>	
<b>Name</b>	<b>Barangay Health Station</b>
Ma. Lourdes Saulog	Anabu I-B,D,E,F
Aileen Lacson	Malagasang I (Silver Town III)
Lilibeth De Jesus	Anabu I-A (Doyets)
Nora Toribio	Malagasang I (Silver Town III)
Brenda Ordonez	Anabu I-C (Liwayway)
Meldy Gandia	Malagasang II-A (Greengate Subd.)
Flordeliza Advincula	Anabu I-D and G
Marilou Quitqitan	Malagasang li-A



Liza Sayaman	Anabu II-A, B and C
Irma Monzon	Malagasang II-D (Villa Susana)
Judy Lerio	Anabu II-F (Golden City)
Francisca Sacdalan	Pasong Buaya I (Brgy. Hall)
Gwendolyn De Gusman	Anabu (Pulo)
Emelita Lara	Pasong Buaya II (Kapatiran)
Loida Moreno	Bucandala II (Sarreal Village)
Ireen Andres	Bucandala (Marycris Subd.)

<b>BIRTHING HOME DISTRICT 1</b>
<b>Name</b>
Julieta Reyes
Annaliza Candelaria
Teresa Manoy
Sarah Pastor

<b>BIRTHING HOME DISTRICT 2</b>
<b>Name</b>
Gwendolyn De Guzman
Marilou Quitquitan
Eden Escoro



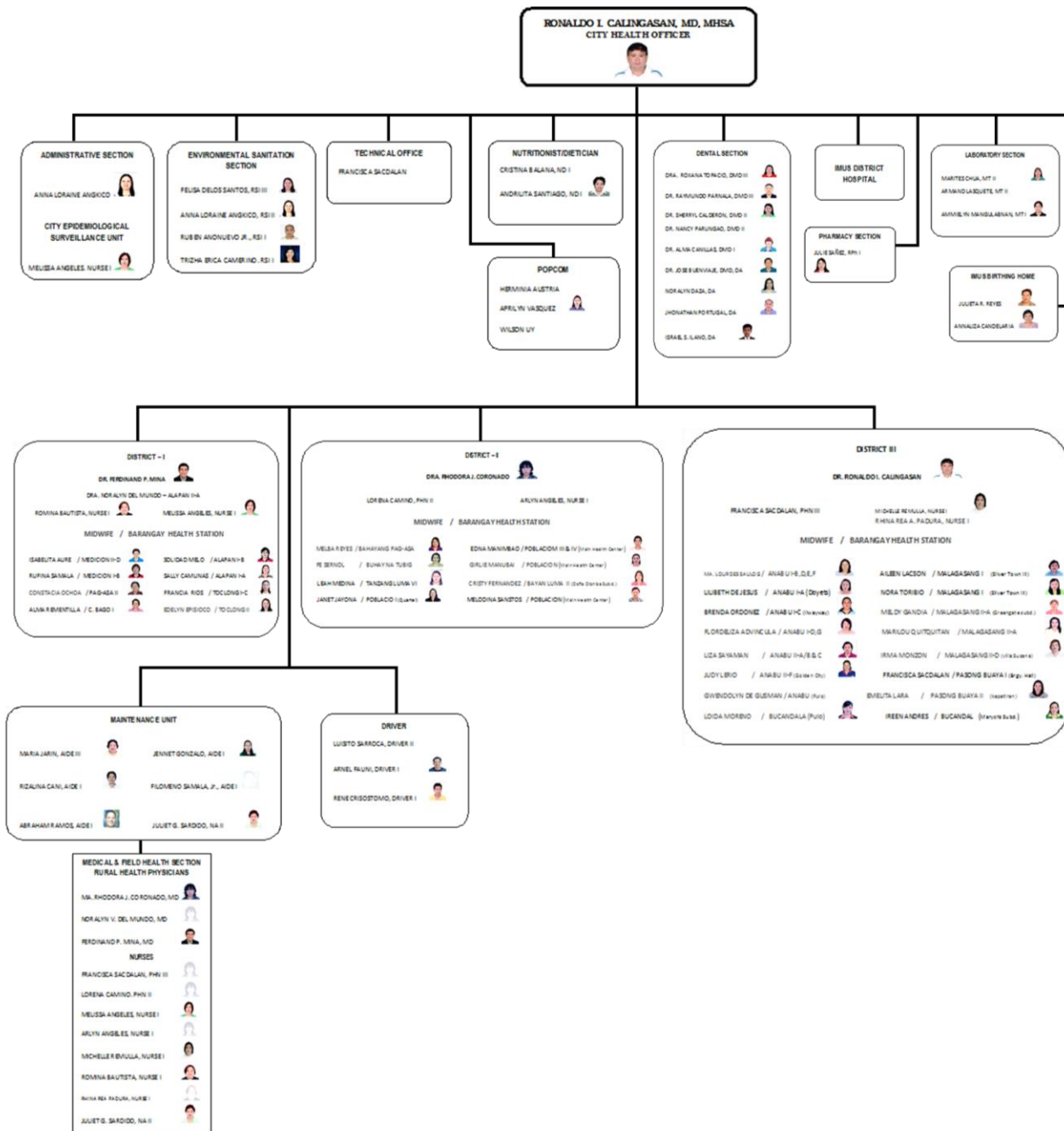
## ANNEX 2

### DENTIST ON DUTY AND THEIR DESIGNATED LOCATIONS

<b>Name</b>	<b>Location</b>
Dra. Roxana Topacio, DMD III	Velarde Subd., Medicion I-C
Dr. Raymundo Parnala, DMD III	Velarde Subd., Medicion I-C
Dr. Sherryl Calderon, DMD II	Anabu II
Dr. Nancy Parungao, DMD II	Buhay na Tubig
Dr. Alma Canillas, DMD I	Malagasang II-D
Dr. Jose Buenviaje, DMD, DA	Greengate Subd., Malagasang II-A/ Greencourt, Pasong Buaya



# ORGANIZATIONAL STRUCTURE



**Location:** The **City Health Office** is located at the following areas:

- Imus Sports Complex, Barangay Poblacion III-A
- Velarde, Barangay Medicion 1-C
- Cluster Office, Greengate Subdivision, Barangay Malagasang II-A

**Dr. Ronaldo I. Calingasan**

City Health Officer

**Dr. Ferdinand P. Mina**

Medical Officer IV (Velarde)

**Dra. Ma. Rhodora J. Coronado**

Rural Health Physician

You can also contact us at:

**(046) 471-9734 (Main)**

**(046) 471-5560**

**(046) 434-4057 (Velarde)**

Or email us at:

**imuscho@gmail.com**

