

# CITY HEALTH OFFICE

## EXTERNAL SERVICES



## 1. PROVIDE IMMUNIZATION SERVICES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All pregnant residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Existing Growth Chart Form (For first time clients, the midwife on duty will provide the Growth Chart Form)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the data being asked	1. Check the existing record of the client  For first time client, new form will be given and fill up	None	3 minutes	Barangay Health Center: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
3. Receive immunization	3.1 Provide immunization	None	5 minutes	Barangay Health Center: Midwife on duty
	3.2 Provide post-immunization instructions	None	3 minutes	
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>26 minutes</b>	

## 2. PROVIDE PRE-NATAL EXAMINATION

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All pregnant residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Existing Home-Based Mother Record (For first time clients, the Midwife on duty will provide the Home-Based Mother Record)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the data being asked	1. Accomplish the Home-Based Mother Record	None	3 minutes	Barangay Health Center: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
3. Undergo the Pre-Natal Examination Health Education	3. Provide Pre-Natal Examination Health Education and available medicines	None	10 minutes	Barangay Health Center: Midwife on duty
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>28 minutes</b>	



### 3. PROVIDE MEDICAL CONSULTATION

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Existing Individual Treatment Record (For first time clients, the Midwife on duty will provide the Individual Treatment Record)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide medical history	1. Interview the patient	None	5 minutes	Barangay Health Center: Midwife on duty
2. Undergo the examination	2.1 Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
	2.2 Prescribe the appropriate medicine(s) and medical advice	None	5 minutes	
3. Receive the medicine	3. Provide the medicine (if available)	None	2 minutes	Barangay Health Center: Midwife on duty
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>27 minutes</b>	

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



#### 4. PROVIDE DENTAL CARE SERVICES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register the name in the logbook and receive a call number	1.1 Assist the client and provide a call number	None	3 minutes	Dental Aide
	1.2 Record the patient's blood pressure and vital signs	None	5 minutes	
2. Undergo teeth examination	2. Examine the teeth of the patient	None	5 minutes	Dentist on duty
3. Receive dental care service (tooth extraction, prophylaxis and gum treatment)	3.1 Provide dental care service (tooth extraction, prophylaxis and gum treatment)	None	45 minutes	Dentist on duty
	3.2 Prescribe the appropriate medicine (if available)	None	2 minutes	
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>1 hour</b>	

NOTE: Clients can avail the following services: Tooth Extraction, Prophylaxis (For Pre-schools and Pregnant Women), Gum Treatment.

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



## 5. ISSUANCE OF ANTI-TUBERCULOSIS RESULTS AND MEDICINES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked and undergo the examination	1.1 Interview the patient and conduct physical examination 1.2 Refer to TB DOTS Clinic	None	5 minutes	Barangay Health Center: Midwife on duty
2. Submit the specimen	2.1 Collect the specimen	None	5 minutes	Armand Lasquete; Amielyn Mangalubnan; Marites Chua NTP Nurse
	2.2 Provide the releasing date of the result	None	2 minutes	
	2.3 Assess the result of the specimen	None	2 days	Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina
	2.4 If positive, enroll the patient to NTP Nurse	None	20 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
3. Receive the medicine	3. Issue the TB medicine supply band and provide instructions of intake	None	5 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
<b>TOTAL</b>		<b>None</b>	<b>2 days, 37 minutes</b>	

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

## 6. ISSUANCE OF ANTI-LEPROSY MEDICINES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked	1. Gather the background information and medical history of the patient	None	3 minutes	Romina Bautista; Lorena Camino; Rhina Rea Padura
2. Undergo the examination	2.1 Examine the patient for signs and symptoms of leprosy and conduct laboratory examination	None	30 minutes	Romina Bautista; Lorena Camino; Rhina Rea Padura
	2.2 Enroll the patient for multi-drug therapy and provide lecture to the patient	None	10 minutes	
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>43 minutes</b>	

## 7. ISSUANCE OF HEALTH-RELATED CERTIFICATIONS

Concerned citizens may request the following:

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

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	For death occurred in Imus (Burial Transfer and Exhumation Permit); All business establishments in Imus (Certificate of Potability); All residents of Imus (Medical Certificate)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Photocopy of Death Certificate (for Burial Transfer and Exhumation Permit)		City Civil Registrar's Office		
Latest Physical and Chemical Test and Microbiological Test Result (for Certificate of Potability)		Respective Laboratory		
Accomplished Medical Certificate Form from Tricycle Regulatory Unit (for Certificate of Tricycle Franchise) – For Sanitary Inspectors		Tricycle Regulatory Unit		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements	1. Assess the requirements	None	3 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino Sanitary Inspectors  Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina Doctors
2. Undergo medical	2.1 Conduct medical examination (for	None	10 minutes	Felisa delos Santos;



examination	Medical Certificate)			Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino Sanitary Inspectors  Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina Doctors
	2.2 Process the request	None	5 minutes	
3. Receive the document	3. Release the document	None	2 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino Sanitary Inspectors  Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina Doctors
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>20 minutes</b>	



## 8. ISSUANCE AND RENEWAL OF SANITARY PERMIT

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2B – Government to Business			
<b>WHO MAY AVAIL THE SERVICE</b>	All business establishments in Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>For New Applications</b>				
Accomplished Business Assessment Form	Business Permits and Licensing Office			
Latest result of Water Microbiological Examination (for food establishment and water station)	Respective Laboratory			
Latest result of Laboratory Examination of employees	Respective Clinics			
Sanitary Clearance for the last three (3) months (proof that the establishment is already inspected)	City Health Office			
<b>For Renewal Applications</b>				
Accomplished Business Assessment Form	Business Permits and Licensing Office			
Latest result of Microbiological Examination (for food establishment and water station) Monthly test from January to December of the previous year	Respective Laboratory			
Latest result of Laboratory Examination of employees - two (2) results within the year with a six months interval	Respective Clinics			
Previous Sanitary Clearance	City Health Office			
Certificate of Disposal from Private Contractor (for health care facility- Disposal of infectious waste)	Client			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements	1.1 Assess the requirements	None	3 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino
	1.2 Process the request	None	3 minutes	
2. Receive the document	2. Release the document	None	2 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr;

				Trizha Erica Camerino
Fill-out Client Satisfaction Rating Form				
	<b>TOTAL</b>	<b>None</b>	<b>43 minutes</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.

Refer to the SP Ordinance No. 2008-94 (Revenue Code) for the fees and charges.



## 9. ISSUANCE OF HEALTH CERTIFICATE

For employment purposes only

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All employed individuals in the City of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Health Certificate from Department of Health (DOH) Accredited Laboratories <ul style="list-style-type: none"> <li>• Results of Fecalalysis</li> <li>• Results of Chest X-ray</li> <li>• Results of Urinalysis</li> <li>• Results of Drug Test</li> </ul>		From DOH Accredited Laboratories		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements	2. Verify the submitted requirements and refer to the City Treasurer's Office for the payment	None	5 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino
2. Claim the Order of Payment	2. Issue Order of Payment	None	2 minutes	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino
3. Pay the required fee	3. Accept the payment and issue an Official Receipt (O.R.)	Php 100.00	15 minutes	City Treasurer's Office (Windows 10 and 11)
4. Attend the HIV Seminar at Velarde Health Center (For first time applicants only)	4.1 Conduct the HIV Seminar	None	10 minutes	Dr. Ferdinand Mina
	4.2 Process the request	None	5 minutes	Felisa delos Santos; Maryliz Galano;

				Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino
5. Receive the document	5. Release the document	None	1 minute	Felisa delos Santos; Maryliz Galano; Anna Loraine Angkico; Ruben Añonuevo Jr; Trizha Erica Camerino
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>38 minutes</b>	



## 10. PROVIDE HIV TESTING AND SATELLITE TREATMENT HUB

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked	1. Interview the patient and conduct pre-test counseling	None	30 minutes	Dr. Ferdinand Mina; Romina Bautista; Rina Padura; Wilson Uy; Nhea Redrico HIV Counselors
2. Undergo HIV Testing	2.1 Conduct HIV Testing	None	40 minutes	Amand Lasquete
	2.2 Conduct post-test counseling (if positive)	None	15 minutes	Dr. Ferdinand Mina; Romina Bautista; Rina Padura; Wilson Uy; Nhea Redrico HIV Counselors
3. Receive treatment	4. Provide treatment	None	15 minutes	Dr. Ferdinand Mina
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>1 hour, 40 minutes</b>	

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



## 11. PROVIDE ANTI-RABIES VACCINATION

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked	1. Interview and assess the patient	None	5 minutes	Romina Bautista; Arlene Angeles; Aprilyn Vaquez
2. Undergo the physical examination	2. Record the vital signs of the patient and conduct physical examination and categorization	None	15 minutes	Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina
3. Receive anti-rabies vaccination	3. Provide anti-rabies vaccination	None	5 minutes	Romina Bautista; Arlene Angeles; Aprilyn Vaquez
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>25 minutes</b>	

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

## 12. PROVIDE MATERNAL CARE SERVICES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Highly-Technical			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Barangay Clearance			Respective Barangay	
One (1) Government Issued or any valid I.D.			Client	
Existing Home-based Mother Record			Barangay Health Centers	
Attended at least three (3) sessions of Pre-natal Examination (held at Barangay Health Centers)			Barangay Health Centers	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked	1. Interview and assess the patient	None	5 minutes	Birthing home District 1 and 2: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs of the patient and conduct physical examination	None	15 minutes	Birthing home District 1 and 2: Midwife on duty
3. Deliver the baby	3.1 Monitor the progress (for true labor) and deliver the baby	None	6 hours	Birthing home District 1 and 2: Midwife on duty
	3.2 Observe the patient and the baby (after delivery)	None	2 hours	
4. Pay the required fees	4. Receive the payment.	Refer to 2008 Revenue Code	5 minutes	Birthing home District 1 and 2: Midwife on duty
4. Discharge at the birthing home and receive medicines and post- discharge instruction	4. Discharge the patient with take home medicines and post-discharge instructions	None	1 day	Birthing home District 1 and 2: Midwife on duty
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>2 days</b>	

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



### 13. PROVIDE NUTRITIONAL SERVICES

<b>OFFICE OR DIVISION</b>	City Health Office			
<b>CLASSIFICATION</b>	Simple			
<b>TYPE OF TRANSACTION</b>	G2C – Government to Citizen			
<b>WHO MAY AVAIL THE SERVICE</b>	All residents of Imus with age 0-59 months			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		N/A		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Provide the information being asked	1. Fill up the OPT Form	None	5 minutes	Barangay Nutrition Scholar (BNS)
2. Undergo the weighing and height/length measurement	2.1 Record the actual weight and height/length measurement and submit to the City Nutrition Program Council	None	5 minutes	Barangay Nutrition Scholar (BNS)
	2.2 Assess the nutritional status	None	15 minutes	Cristina Balana; Andrilita Santiago City Nutrition Program Council
3. Receive nutritional supplies (Micro-nutrients and GP Program) and instructions	3. Provide nutritional supplies (Micro-nutrients and GP Program) and instructions (for malnourished children)	None	5 minutes	Cristina Balana; Andrilita Santiago City Nutrition Program Council
Fill-out Client Satisfaction Rating Form				
<b>TOTAL</b>		<b>None</b>	<b>30 minutes</b>	

