



# **City Health Office**

## **External Services**



## 1. AVAILMENT OF POST EXPOSURE PROPHYLAXIS/ANTI-RABIES VACCINE

The Animal Bite Treatment Center (ABTC) under the City Health Office ensures to provide free Post Exposure Prophylaxis/Anti-Rabies vaccine to all Fernandinos.

<b>Office or Division:</b>	City Health Office- Animal Bite Treatment Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	Animal Bite Patients (Fernandinos)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Voter's ID or Certification or Verification form (original or photocopy); Senior Citizen ID; PWD ID; Kayabe Card; Valid ID		COMELEC; OSCA; CSWD; Community Affairs Division		
2. Record of previous history of Post Exposure Prophylaxis (if applicable)		Animal Bite Treatment Center (of previous history)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements to avail the service and log in the Patient's logbook provided	1.1 Receive and review the certificate or Voter's ID or Verification form	None	2 minutes	<i>ABTC Nurse</i> (City Health Office)
	1.2 Examine and assess animal bite patient	None	2 minutes	<i>ABTC Medical Coordinator/Nurse</i> (City Health Office)
2. Provide all necessary information needed by the ABTC Nurse	2.1 Register patient on NRPCP Rabies Exposure Registry	None	2 minutes	<i>ABTC Nurse</i> (City Health Office)
	2.2 Prepare Post Exposure Prophylaxis Card	None	2 minutes	<i>ABTC Nurse</i> (City Health Office)
3. Wait while the Nurse prepares the vaccine	3. Prepare and administer the vaccine	None	3 minutes	<i>ABTC Nurse</i> (City Health Office)

4. Wait for further instructions and schedule of next visit	4. Give medical advice and referral to other ABTCs (if necessary) and provide schedule of next visit	None	2 minutes	<i>ABTC Nurse</i> (City Health Office)
<b>TOTAL:</b>		None (2 doses free for Fernandinos; booster doses are not given free)	13 minutes	



## 2. AVAILMENT OF MEDICINES

The Central Pharmacy under the City Health Office caters the 35 barangays of City of San Fernando, Pampanga and provides free basic essential medicines to all Fernandinos.

<b>Office or Division:</b>	City Health Office- Central Pharmacy, 1st floor City Health Office Main Building, A. Consunji St. Brgy. Sto. Rosario, CSFP (beside City Hall)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1.1 Kayabe Card (1 original)		Office of the Community Affairs located at the City Hall		
1.2. Senior Citizen's Card (1 original) for patients 60 years old and above		Office for Senior Citizens Affairs (OSCA) located at the City Hall		
2.1 Prescription (1 original)		At the respective Barangay Health Station of the patients permanent area of residence		
2.2. Referral form (1 original)		At the respective Barangay Health Station of the patients permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present Kayabe Card or Senior Citizen's Card	1. Check identification or proof of residency	None	1 minute	<i>Pharmacy Aide/ Pharmacist IV</i> (City Health Office)
2. Present latest prescription duly signed by the attending physician	2. Check the authenticity of the prescription	None	1 minute	<i>Pharmacy Aide/ Pharmacist IV</i> (City Health Office)
3. Wait while the staff check the availability of medicine(s)	3. Check availability of medicine(s)	None	2 minutes	<i>Pharmacy Aide/ Pharmacist IV</i> (City Health Office)
4. If the medicine(s) is/are available, wait while the staff records the details of the patient	4. Write the time of entry, name, age, address, name and quantity of the medicine(s) to be given to the patient	None	5 minutes	<i>Pharmacy Aide/ Pharmacist IV</i> (City Health Office)

5. If the medicine(s) is/are not available, retrieve the prescription or referral form	5. Return the prescription or referral form to the patient or representative	None	1 minute	<i>Pharmacy Aide/ Pharmacist IV (City Health Office)</i>
6. Wait while the pharmacy personnel prepare the medicines	6. Double check the medicine(s) to be given to the patient	None	2 minutes	<i>Pharmacy Aide/ Pharmacist IV (City Health Office)</i>
7. Receive, check the medicine(s), and sign at the End-user form	7. Hand over the medicines and advise the patient or representative on how to take the medicine(s) and record the time of end of transaction	None	2 minutes	<i>Pharmacy Aide/ Pharmacist IV (City Health Office)</i>
<b>TOTAL:</b>		<b>None</b>	<b>14 minutes</b>	



### 3. ISSUANCE OF PRE-MARRIAGE ORIENTATION AND COUNSELING CERTIFICATE

The City Population Office under the City Health Office ensures the conduct and issuance of Pre-marriage Orientation and Counseling certificates as part of the process and requirement in obtaining a Marriage License.

<b>Office or Division:</b>	City Health Office- City Population Office 2nd floor City Health Office Main Building, A. Consunji St. Brgy. Sto. Rosario, CSFP (beside City Hall)			
<b>Classification :</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Residents who are 18 y/o and above – Pre-marriage Orientation Certificate Residents who are 18 y/o to 25 y/o – Pre-marriage Counselling Certificate			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Receipt of application for Marriage License (1 original)		City Treasurer's Office located at the City Hall (Window 37)		
2. Pre-Marriage Orientation Application Form (1 original)		City Population Office 2nd floor City Health Office Main Building, A. Consunji St. Brgy. Sto. Rosario, CSFP (beside City Hall)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present receipt together with the schedule of Pre-Marriage Orientation and Counseling form	1. Check receipt together with the schedule of Pre-Marriage Orientation and Counseling form	None	1 minute	<i>City Population Office Staff</i> (City Health Office)
2. Client sign the attendance	2. Assist the client	None	1 minute	<i>City Population Office Staff</i> (City Health Office)
3. Lecture proper <i>* to be conducted at the 3rd floor</i>	3. Conduct Pre-marriage Orientation	None	3 hours and 55 minutes	<i>City Population Office Staff</i> (City Health Office/ CSWDO)

<i>CHO Main Building</i>				
4. Wait while the staff prepare the Pre- marriage Orientation certificate	4. Issue the Pre-marriage Orientation certificate	None	3 minutes	<i>City Population Office Staff (City Health Office)</i>
<b>TOTAL:</b>		None	4 hours	
<i>* Clients 25 y/o below are required to attend additional Pre-marriage Counseling Session</i>				
5. Lecture proper <i>* to be conducted at the 3rd floor CHO Main Building</i>	5. Conduct Pre-marriage Counseling	None	3 hours and 55 minutes	<i>City Population Office Staff (City Health Office/CSWDO)</i>
6. Wait while the staff prepare the Pre- marriage Orientation certificate	6. Issue the Pre-marriage Counseling certificate	None	5 minutes	<i>City Population Office Staff (City Health Office)</i>
<b>TOTAL:</b>		None	8 hours	



## 4. ADMISSION PROCEDURE

COVID Kalingang Fernandino Isolation Facility (CKFIF) is the LGU-owned and operated 250-bed capacity Temporary Treatment and Monitoring Facility (TTMF) for COVID 19 response. It accommodates asymptomatic to mild COVID-19 suspect, probable, and confirmed cases in the locality.

<b>Office or Division:</b>	City Health Office- CKFIF, Civic Center, Barangay San Isidro, City of San Fernando, Pampanga			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Asymptomatic to mild COVID-19 suspect, probable and confirmed cases			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Any valid government-issued ID or Philhealth ID		Government agency or Philippine Health Insurance Corporation		
2. Official RT-PCR Result (if available)		Any DOH-Accredited Molecular Laboratory, Rural Health Units, Barangay Health Stations City Medical Unit		
3. Copy of birth certificate and PhilHealth ID of parents for minors		Philippine Statistics Authority		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure referral from RHU/BHS and CESU through text template	1. Conduct pre-admission interview, orientation, and triage	None	15 minutes	<i>Triage Team on duty</i> (City Health Office)
2. Send copy of identification card(s), RT-PCR Result, and other documents required via e-mail	2.1. Prepare patient's chart and other pertinent documents prior to arrival of the patient at the CKFIF	None	5 minutes	<i>Triage Team on duty</i> (City Health Office)
2. Send copy of identification card(s), RT-PCR Result, and other documents required via e-mail	2.2. Coordinate room assignment based on gathered information (e.g. gender, comorbidities, symptoms and special needs)	None	5 minutes	<i>Facility Management Section</i> (City Health Office)



2. Send copy of identification card(s), RT-PCR Result, and other documents required via e-mail	2.3. Prepare designated room/accommodation for the patient	None	30 minutes	<i>Facility Management Section</i> (City Health Office)
3. Proceed to the CKFIF ( <i>admission time: 1PM to 5PM</i> )	3.1. Admits patient to the facility, secure informed consent, take and record initial assessment and vital signs	None	5 minutes	<i>Triage Team on duty</i> (City Health Office)
3. Proceed to the CKFIF ( <i>admission time: 1PM to 5PM</i> )	3.2. Assist patient to assigned room/facility	None	10 minutes	<i>Facility Management Section</i> (City Health Office)
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 10 minutes</b>	



## 5. DISCHARGE PROCEDURE

All admitted patients at the COVID Kalingang Fernandino Isolation Facility (CKFIF) are considered recovered from COVID-19 after 10-14 days of isolation and are asymptomatic for at least 3 days prior to date of discharge. Patients who were previously admitted from a hospital will complete 21 days of isolation if recovering from moderate COVID 19 infection.

<b>Office or Division:</b>	City Health Office- CKFIF, Civic Center, Barangay San Isidro, City of San Fernando, Pampanga			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All admitted patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
N/A		N/A		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Wait and listen to the instructions of nurses on duty	1.1. Obtain May Go Home order from attending physician	None	2 minutes	<i>Nurses on duty</i> (City Health Office)
1. Wait and listen to the instructions of nurses on duty	1.2. Prepare discharge documents (Medical Certificate, Discharge Summary, and Home Instructions)	None	10 minutes	<i>Nurses on duty</i> (City Health Office)
1. Wait and listen to the instructions of nurses on duty	1.3. Inform patient of may go home status	None	2 minutes	<i>Nurses on duty</i> (City Health Office)
1. Wait and listen to the instructions of nurses on duty	1.4. Endorse patient(s) to be discharged to their respective RHUs and CESU	None	2 minutes	<i>Nurses on duty</i> (City Health Office)
1. Wait and listen to the instructions of nurses on duty	1.5. Coordinate with housekeeping for checking of rooms prior to discharge	None	2 minutes	<i>Nurses on duty</i> (City Health Office)

2. Allow CKFIF personnel to conduct room check prior to discharge	2. Conduct final room inspection and collect all issued items from patient(s) through the accomplishment of the room checklist form	None	2 minutes	<i>Facility Management Section (City Health Office)</i>
3. Proceed to the Nurse's Station as instructed <i>(discharge time: 9AM to 11AM)</i>	3. Discuss home instructions and issue all discharge documents to the patient(s). Secure receiving copy	None	5 minutes	<i>Nurses on duty (City Health Office)</i>
4. Present medical certificate to guard on duty for clearance	4. Clears patient for discharge from the Isolation Facility	None	2 minutes	<i>Security Personnel on duty</i>
<b>TOTAL:</b>		<b>None</b>	<b>27 minutes</b>	



## 6. DOCUMENT REQUEST FOR BENEFIT CLAIMS (IN-PATIENT)

All currently admitted patients at the COVID Kalingang Fernandino Isolation Facility (CKFIF) are entitled to request for and receive documents needed to be compiled in order to qualify for sickness benefit claims (e.g. SSS, GSIS)

<b>Office or Division:</b>	City Health Office- CKFIF, Civic Center, Barangay San Isidro, City of San Fernando, Pampanga			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All currently admitted patients at the CKFIF			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. SSS and/or GSIS Benefit Claim Form		Downloadable through the SSS and GSIS official website		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for needed documents	1.1. Prepare requested documents based on patient's medical records	None	15 minutes	<i>Nurses Team on Duty</i> (City Health Office)
1. Request for needed documents	1.2. Facilitate signing of form(s)	None	5 minutes <i>(may vary depending on the availability of signatory)</i>	<i>Attending Physician</i> (City Health Office)
2. Receive requested documents on date of discharge	2.1. Inform patient on date of discharge	None	2 minutes	<i>Nurses Team on Duty</i> (City Health Office)
2. Receive requested documents on date of discharge and sign at the receiving logbook	2.2. Issue requested documents and secure proof of receipt	None	5 minutes	<i>Nurses Team on Duty</i> (City Health Office)
<b>TOTAL:</b>		<b>None</b>	<b>27 minutes</b>	



## 7. DOCUMENT REQUEST FOR BENEFIT CLAIMS (OUT-PATIENT)

All previously admitted patients at the COVID Kalingang Fernandino Isolation Facility (CKFIF) are entitled to request for and receive documents needed to be complied in order to qualify for sickness benefit claims (e.g. SSS, GSIS)

<b>Office or Division:</b>	City Health Office- CKFIF, Civic Center, Barangay San Isidro, City of San Fernando, Pampanga			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All previously admitted patients at the CKFIF			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. SSS and/or GSIS Benefit Claim Form		Downloadable through the SSS and GSIS official website		
2. Copy of Medical Certificate from the CKFIF		CKFIF (issued upon discharge)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for documents needed	1.1. Prepare requested documents based on patient's medical records	None	15 minutes	<i>Nurses Team on Duty</i> (City Health Office)
1. Request for documents needed	1.2. Facilitate signing of form(s) to the physician who issued patient's medical certificate	None	3 days	<i>Attending Physician</i> (City Health Office)
2. Wait for a confirmation from the CKFIF personnel	2. Inform patient once documents are available for claiming	None	2 minutes	<i>Nurses Team on Duty</i> (City Health Office)
3. Claim/receive the requested documents at the CKFIF and sign at the receiving logbook	3. Issue requested document and secure proof receipt through logbook	None	5 minutes	<i>Nurses Team on Duty</i> (City Health Office)
<b>TOTAL:</b>		<b>None</b>	<b>3 days and 22 minutes</b>	



## 8. REQUEST FOR RT PCR TESTING

The CSFP Testing Facility caters to all in-patient and out-patient that are at risk of contracting COVID 19 infection. This includes testing of the following groups: (1) suspect cases, (2) individuals with relevant history of travel and exposure (or contact), whether symptomatic or asymptomatic, and (3) health workers with possible exposure, whether symptomatic or asymptomatic.

<b>Office or Division:</b>	City Health Office- COVID Kalingang Fernandino Isolation Facility- Testing Facility, Civic Center, Barangay San Isidro, City of San Fernando, Pampanga			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	COVID 19 suspect, probable, and close contact cases			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Philhealth ID		Philippine Health Insurance Corporation		
2. Valid government issued ID		Government agencies		
3. Endorsement or referral letter		Rural Health Units/Barangay Health Stations/ Isolation Facility/City Medical Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to the registration area	1. Register the patient and give queue card	None	5 minutes	<i>Administrative Aide</i> (City Health Office)
2. Fill-out information sheet, undertaking, and acknowledgement form	2. Validate the information sheet, undertaking, and acknowledgement form	None	15 minutes	<i>Administrative Aide</i> (City Health Office)
3. Patient proceeds to the assessment area	3. Assess the patient and fill-out the Case Investigation Form (CIF)	None	15 minutes	<i>Administrative Aide</i> (City Health Office)
4. For paying patients: pay Swabbing/RT PCR testing fee	4. Receive the payment and issue Order of Payment	Php 2,500.00	5 minutes	<i>Administrative Aide</i> (City Health Office)

5. Patient proceeds to the swabbing area	5. VTM tagging, register the patient on the line list and conduct NPS/OPS swabbing	None	15 minutes	<i>Administrative Aide/Swabber</i> (City Health Office)
6. Patient listens to home instructions and wait for the result via e-mail, SMS, or phone call	6. Explain and issue home quarantine instructions	None	5 minutes	<i>Administrative Aide</i> (City Health Office)
<b>TOTAL:</b>		<b>Php 2,500.00</b>	<b>1 hour</b>	



## 9. AVAILMENT OF POST-PARTUM SERVICES IN BIRTHING STATIONS

The CSFP's Birthing Stations endeavors to provide comprehensive, quality intrapartum and newborn healthcare in convenient, compassionate and cost-effective manner with the mission of providing safe and quality healthcare to birthing mothers and their newborns.

<b>Office or Division:</b>	City Health Office- Birthing Stations (BS) San Jose BS- Purok 5, Brgy. San Jose, CSFP Sindalan BS- Gloria 1, Brgy. Sindalan, CSFP San Nicolas BS- Bulusan St., Brgy. San Nicolas, CSFP San Agustin BS- Diretso St. Brgy. San Agustin, CSFP Northville BS- Northville 14, Phase 1, Brgy. Calulut, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Women of Reproductive Age (15-49 years old) and Newborn babies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Postpartum delivery checklist (1 original)		Birthing Station		
2. Family planning commodities (1 original)		Birthing Station/Rural Health Unit		
3. Referral form (1 original)		Birthing Station		
4. Doctor's prescription (1 original)		Birthing Station (Physician)		
5. Newborn Hearing registration form (1 original)		Birthing Station/Hearing test provider		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register and get number queuing	1. Instruct patient to get number queue at the receiving area	None	1 minute	<i>Nurse/Midwife/ Nursing Assistant on duty (City Health Office BS I-V)</i>
2. Allow the Health Care Provider to take her vital signs	2. Takes and records patient's vital signs	None	7 minutes	<i>Nurse/Midwife/ Nursing Assistant on duty (City Health Office BS I-V)</i>
3. Patients proceeds to the midwife area and answer the questions of the Health Care Provider	3. Interview patient for any clinical signs of abnormality	None	5 minutes	<i>Midwife/Nurse on duty (City Health Office BS I-V)</i>



4. Patient lies at the examination table	4.1. Conduct routine internal cervical examination to assess for any vaginal bleeding	None	2 minutes	Midwife (City Health Office BS I-V)
4. Patient lies at the examination table	4.2. Properly refer to the Birthing Station Manager for any abnormality seen	None	3 minutes	Midwife (City Health Office BS I-V)
5. Patient listens to instructions/advise	5. Provide information and education on Family Planning and Breastfeeding and post-natal care	None	10 minutes	Midwife/Nurse on duty (City Health Office BS I-V)
6. Mother to place the baby in the examination table	6. Give infant care such as immunization, etc.	None	7 minutes	Midwife/Nurse on duty (City Health Office BS I-V)
7. Mother gives information for hearing test	7.1. Instruct mother for schedule of the Newborn for hearing test	None	15 minutes	Hearing Screening Center Staff (accredited hearing center)
7. Mother gives information for hearing test	7.2. Assist mother in accomplishing the information sheet for hearing test	None	5 minutes	Midwife/Nurse on duty (City Health Office BS I-V)
7. Mother listens to Health Care Provider's instruction/advise	7.3. If the result is not normal, instruct the mother that the baby will be scheduled to return after 1 week for repeat hearing test	None	1 minute	Hearing Screening Center Staff (accredited hearing center)
<b>TOTAL:</b>		<b>None</b>	<b>56 minutes</b>	



## 10. AVAILMENT OF PRE-NATAL SERVICES IN BIRTHING STATIONS

The CSFP's Birthing Stations endeavors to provide comprehensive, quality intrapartum and newborn healthcare in convenient, compassionate and cost-effective manner with the mission of providing safe and quality healthcare to birthing mothers and their newborns.

<b>Office or Division:</b>	City Health Office- Birthing Stations (BS) San Jose BS- Purok 5, Brgy. San Jose, CSFP Sindalan BS- Gloria 1, Brgy. Sindalan, CSFP San Nicolas BS- Bulusan St., Brgy. San Nicolas, CSFP San Agustin BS- Diretso St. Brgy. San Agustin, CSFP Northville BS- Northville 14, Phase 1, Brgy. Calulut, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Women of Reproductive Age (15-49 years old)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Registration form (1 original)		Birthing Station		
2. Laboratory request form (1 original)		Birthing Station/RHU Laboratory Section		
3. Birth Plan (1 original)		Birthing Station		
4. Treatment Record (1 original)		Birthing Station		
5. Doctor's prescription (1 original)		Birthing Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient seeks pre- natal consultation at the Birthing Station and present maternal booklet	1. Register the client and give number queue	None	1 minute	<i>Midwife/Nurse on duty</i> (City Health Office BS I-V)
2. Allow the Health Care Provider to take her vital signs	2. Take and record the patient's weight and height	None	5 minutes	<i>Midwife/Nurse on duty</i> (City Health Office BS I-V)

3. Patient proceeds to the pre-natal room and answer all the questions of the Health Worker	3.1. For new patient, accomplish the birth plan	None	10 minutes	<i>Birthing Station Manager/ Nurse/Midwife (City Health Office BS I- V)</i>
3. Patient proceeds to the pre-natal room and answer all the questions of the Health Worker	3.2. For return check- up patients, review and update the birth plan. Assess patient as to Last Menstrual Period, clinical danger signs of pregnancy, etc.; issue ultrasound request as needed			<i>Birthing Station Manager/ Nurse/Midwife (City Health Office BS I- V)</i>
4. Patient lies on the examination table and follow Health Care Provider's further instructions	4.1. Performs Leopold's maneuver, fundic height, fetal heart tone, and movement, etc.	None	15 minutes	<i>Midwife/Nurse on duty (City Health Office BS I-V)</i>
5. Patient lies on the examination table and follow Health Care Provider's further instructions	5.1. For term patient, internal cervical examination will be done	None	1 minute	<i>Midwife on duty (City Health Office BS I-V)</i>
5. Patient lies on the examination table and follow Health Care Provider's further instructions	5.2. Proper referral to the birthing physician for any abnormality	None	3 minutes	<i>Midwife/Nurse on duty (City Health Office BS I-V)</i>
6. Patient listens to the instructions and rationale of the procedures	6.1 Issue laboratory request such as Urinalysis, Hemoglobin & Hematocrit, and other tests as necessary	None	1 minute	<i>Birthing Station Manager/ Nurse/Midwife (City Health Office BS I- V)</i>

6. Patient listens to the instructions and rationale of the procedures	6.2. For 1st trimester patient: urinalysis, blood typing, hemoglobin & hematocrit, syphilis, HIV	None	1 minute	<i>Birthing Station Manager/ Nurse/Midwife</i> (City Health Office BS I- V)
6. Patient listens to the instructions and rationale of the procedures	6.3. For 2nd trimester : depends on the baseline result of the 1st trimester	None	2 minutes	<i>Birthing Station Manager/ Nurse/Midwife</i> (City Health Office BS I- V)
6. Patient listens to the instructions and rationale of the procedures	6.4. For 3rd trimester: urinalysis, hemoglobin & hematocrit, HIV, Fasting Blood Sugar, Hepa Screening; For follow-up patient, issue laboratory request and bring specimen or results for the next check-up	None	3 minutes	<i>Birthing Station Manager/ Nurse/Midwife</i> (City Health Office BS I- V)
7. Patient gives the laboratory request to the Medical Technologist	7. Medical Technologist completes patient information and give schedule and further instructions	None	2 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
8. Patient return for Fasting Blood Sugar	8. Verify patient's preparation	None	2 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
9. For urinalysis: patient collects midstream urine on a sterile container	9. Examine the urine	None	4 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)

10. For hemoglobin & hematocrit, HIV, Hepa Screening syphilis: patient is ready for extraction	10. Prepare patient for extraction then label specimen	None	2 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
11. Wait while the medical technologist performs laboratory test	11.1. Perform laboratory tests	None	15 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
11. Wait while the medical technologist performs laboratory test	11.2 Record the result at the laboratory logbook	None	2 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
12. Receive the result and sign at the the end- user	12. Release the laboratory result and instruct patient to sign the end-user	None	2 minutes	<i>Medical Technologist</i> (City Health Office RHU I-V Laboratory Units)
13. Patient proceed again to the midwife area	13.1. Assess the laboratory result	None	1 minute	<i>Midwife</i> (City Health Office BS I-V)
13. Patient listens for further instruction	13.2. If baseline results are above or below normal, advise patient to take medication with prescription ordered by birthing physician and come back after 1 week for repeat tests	None	2 minutes	<i>Birthing Station Manager/Midwife</i> (City Health Office BS I-V)
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 14 minutes</b>	



## 11. PATIENT IN-LABOR

The CSFP's Birthing Stations endeavors to provide comprehensive, quality intrapartum and newborn healthcare in convenient, compassionate and cost-effective manner with the mission of providing safe and quality healthcare to birthing mothers and their newborns.

<b>Office or Division:</b>	City Health Office- Birthing Stations (BS) San Jose BS- Purok 5, Brgy. San Jose, CSFP Sindalan BS- Gloria 1, Brgy. Sindalan, CSFP San Nicolas BS- Bulusan St., Brgy. San Nicolas, CSFP San Agustin BS- Diretso St. Brgy. San Agustin, CSFP Northville BS- Northville 14, Phase 1, Brgy. Calulut, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Women of Reproductive Age (15-49 years old)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Birth Plan (original)		Birthing Station		
2. Treatment Record (original)		Birthing Station		
3. Doctor's prescription (original)		Birthing Station		
4. Patient's chart (original)		Birthing Station		
5. Partograph (original)		Birthing Station		
6. Delivery checklist form (original)		Birthing Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient is in-labor	1.1 Assess patient, take and record vital signs.	None	5 minutes	<i>Nurse/Midwife/ Birthing Station Manager (City Health Office BS I-V)</i>
	1.2. If cervical dilatation is less than 4 cm, advise the patient to come back and give instructions	None	5 minutes	<i>Nurse/Midwife (City Health Office BS I-V)</i>

	1.3. If cervical dilatation is more than 5 cm, inform birthing physician for admission and secure consent for admission	None	15 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
2. When in pain, patient do breathing techniques	2. Advise to do breathing techniques and monitor progress of labor; insert intravenous line as needed; administer medicines as ordered	None	6 minutes <i>* depends on the progress of labor</i>	<i>Nurse/Midwife/ Birthing Station Manager</i> (City Health Office BS I-V)
3. Patient lies on the delivery table and follow Health Care Provider's instruction	3.1. Perineal preparation	None	2 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
3. Patient lies on the delivery table and follow Health Care Provider's instruction	3.2. Prepare instruments and medicines to be given during and after delivery	None	3 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
4. Patient lies in lithotomy position	4. Delivery of the baby and the placenta through NSD, assess for any retained placenta/ fragments, suture/repair of any perineal laceration	None	90 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)

5. Patient lies in lithotomy position	<p>5. Provision of Essential Intrapartum Newborn Care.</p> <ul style="list-style-type: none"> <li>- immediate and thorough drying</li> <li>-early skin to skin contact or “unang yakap”</li> <li>- properly timed cord clamping</li> <li>- non-separation of newborn from the mother</li> </ul> <p>Do suctioning if needed.</p> <p>Anthropometric measurements</p> <p>Application of Ophthalmic Ointment on both eyes</p> <p>Vitamin K, Hepa B and BCG Vaccination</p>	None	90 minutes	<p><i>Nurse/Midwife</i> (City Health Office BS I-V)</p>
6. Patient will take a rest	6. Monitoring of vital signs, bleeding, uterine contractions of mother and monitoring of newborn's vital signs	None	every 15 minutes	<p><i>Nurse/Midwife</i> (City Health Office BS I-V)</p>
7. Patient transfers to the ward	7.1. Advise patient: diet as tolerated; encourage breastfeeding	None	2 minutes	<p><i>Nurse/Midwife</i> (City Health Office BS I-V)</p>
7. Patient transfers to the ward	7.2. Give post-partum medication	None	2 minutes	<p><i>Nurse/Midwife</i> (City Health Office BS I-V)</p>
7. Patient transfers to the ward	7.3. Continue monitoring of vital signs every 15 minutes for 2 hours then every 4 hours for both mother & baby	None	10 minutes	<p><i>Nurse/Midwife</i> (City Health Office BS I-V)</p>



8. Patient fill-up the Birth Certificate form	8. Assist the patient in accomplishing the draft Birth Certificate form	None	5 minutes	<i>Midwife</i> (City Health Office BS I-V)
9. After 24 hours instruct mother of blood screening for the baby	9. Prepare and fill p new born screening filter card and perform newborn screening test	None	15 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
10. Instruct patient for discharge	10. Provide post-natal care; perform discharge internal examination	None	8 minutes	<i>Midwife</i> (City Health Office BS I-V)
11. Patient listens to the instructions prior to discharge	11. Provide home medications and give home instructions; discuss discharge internal examination results and give date of follow-up, patient signs discharge slip after agreeing with all the findings	None	10 minutes	<i>Nurse/Midwife/ Birthing Station Manager</i> (City Health Office BS I-V)
<b>TOTAL:</b>		<b>None</b>	<b>4 hours and 43 minutes</b>	<b>* <i>depends on the progress of labor</i></b>



## 12. TRANSFER/REFERRAL OF PATIENT TO OTHER HEALTH FACILITY

The CSFP's Birthing Stations endeavors to provide comprehensive, quality intrapartum and newborn healthcare in convenient, compassionate and cost-effective manner with the mission of providing safe and quality healthcare to birthing mothers and their newborns.

<b>Office or Division:</b>	City Health Office- Birthing Stations (BS) San Jose BS- Purok 5, Brgy. San Jose, CSFP Sindalan BS- Gloria 1, Brgy. Sindalan, CSFP San Nicolas BS- Bulusan St., Brgy. San Nicolas, CSFP San Agustin BS- Diretso St. Brgy. San Agustin, CSFP Northville BS- Northville 14, Phase 1, Brgy. Calulut, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Women of Reproductive Age (15-49 years old)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Referral form (1 original)		Birthing Station		
2. Referral feedback form (1 original)		Referring Hospital		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Answer the health care provider questions	1. Get the patient's data	None	8 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
2. Allow the Health Care Provider to take her vital signs	2. Takes and records patient's vital signs	None	10 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
3. Patient proceed to the examination table	3.1. For patient not in-labor, examine the patient and assess for the following:	None	10 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
	a. Breech presentation			
	b. Premature rupture of membrane			
	c. Multiple pregnancies			
	d. Pre-eclampsia			

	e. Eclampsia			
	f. Pre-term labor			
3. Patient proceed to the examination table	3.2. For patient in-labor, examine and assess for the following:			
	a. Avert on cervical dilatation			
	b. Failure of descent			
4. Wait while nurse/midwife coordinates with referring hospital	4.1. Refer findings to the Birthing Station Manager prior to transfer/referral. The Birthing Station Staff calls the referral hospital for proper notification	None	10 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
4. Wait while nurse/midwife coordinates with referring hospital	4.2. Prepare and accomplish the referral and feedback form	None	5 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
4. Wait while nurse/midwife coordinates with referring hospital	4.3. Transfer patient in an ambulance assisted by a nurse or midwife	None	30 minutes to 1 hour * depending on the location of the referral facility	<i>Nurse/Midwife</i> (City Health Office BS I-V)
4. Wait while nurse/midwife coordinates with referring hospital	4.4. Endorse to ROD (Resident on Duty) and wait for feedback form to be signed by the Resident on Duty (ROD)	None	11 minutes	<i>Nurse/Midwife</i> (City Health Office BS I-V)
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 54 minutes</b>	



### 13. AMBULANCE REQUEST

The Health Emergency Management Staff (HEMS) Unit of the City Health Office provides assistance on the assessment, transfer and referral of patients to higher levels of health care.

<b>Office or Division:</b>	City Health Office- HEMS Unit, HEMS Operation Center, Heroes Hall, Brgy. San Juan, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Ambulance Request (Patient transfer)		City Administrator's Office		
2. Current hospital records for admitted patients		Hospital/Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client fills out the ambulance request form	1. Assist the client in filling out the request form	None	5 minutes	<i>CMU Nurse</i> (City Health Office)
2. Wait while the staff verify the requirements and answer the questions of the HEMS personnel	2. Review the submitted documents and interview the requesting client on the current condition of the patient	None	8 minutes	<i>HEMS Medical Director/ HEMS Nurse</i> (City Health Office)
3. Wait for a text message or call from the HEMS personnel regarding the request	3.1 HEMS nurse on duty will assess the condition of the patient and shall determine if the patient is safe to travel and coordinate to the receiving facility prior to transfer	None	10 minutes to 1 hour or more <i>* depending on the location of the patient and traffic situation</i>	<i>HEMS Nurse</i> (City Health Office)
	3.2 Inform the HEMS Medical Director/ Coordinator about the assessment done to the patient and carry out doctor's order as necessary	None	5 minutes	<i>HEMS Medical Director/ HEMS Nurse</i> (City Health Office)

	3.3 Inform the requesting client about the status of the request (approved or disapproved) and coordinate the details of the request	None	3 minutes	<i>HEMS Nurse</i> (City Health Office)
<b>TOTAL:</b>		None	1 hour and 21 minutes or more <i>* depending on the location of the patient and traffic situation</i>	



## 14. RESPOND TO EMERGENCY CASES

The Health Emergency Management Staff (HEMS) Unit under the City Health Office ensures the health and safety of the general population within the city's jurisdiction by providing 24/7 Emergency Medical Services.

<b>Office or Division:</b>	City Health Office- HEMS Unit, HEMS Operation Center, Heroes Hall, Brgy. San Juan, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
N/A		N/A		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client/relative, Fernando Base and C3 command center informs the HEMS Unit dispatcher of the emergency case (radio/phone call)	1. Receive request for emergency medical assistance	None	1 minute	<i>HEMS Nurse</i> (City Health Office)
2. Client/relative waits for the Emergency Medical Team to arrive at the scene	2.1 HEMS Team Leader on duty calls back the caller to confirm the request and secure more details	None	1 minute	<i>HEMS Nurse</i> (City Health Office)
	2.2 Dispatch HEMS Team to the patient's location in full PPE if needed	None	5 minutes to 45 minutes <i>* depending on the location of the patient and traffic situation</i>	<i>HEMS Nurse</i> (City Health Office)
3. Upon arrival, patient/relative provides information regarding the patient	3. Perform initial assessment/provide first aid and take the patient's history and physical findings, then refer to the	None	5 minutes	<i>HEMS Nurse</i> (City Health Office)

	HEMS Medical Director			
4. Follow instruction and or answer the query of the HEMS personnel	4.1 Carry out treatment according to HEMS Medical Director's order	None	5-10 minutes <i>(may take longer depending on the management that will be performed and the severity of the patient's condition)</i>	HEMS Nurse (City Health Office)
4. Follow instruction and or answer the query of the HEMS personnel	4.2 If patient needs further management, patient will be transferred to hospital of choice after proper coordination with the receiving hospital	None	10 minutes to 30 minutes (or more if outside CSFP)	HEMS Team (City Health Office)
<b>TOTAL:</b>		None	1 hour and 37 minutes <i>* depending on the distance of scene to the hospital of choice and traffic situation</i>	



## 15. TRANSFER OF COVID 19 RELATED CASES

The Health Emergency Management Staff (HEMS) Unit of the City Health Office ensures the safe transfer/referral of the city's constituents with COVID-19 related illnesses to various isolation facilities and COVID referral hospitals.

<b>Office or Division:</b>	City Health Office- HEMS Unit, HEMS Operation Center, Heroes Hall, Brgy. San Juan, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Reporting template through text message/telephone call		City Epidemiology and Surveillance Unit/Rural Health Units of the City Health Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The CESU/RHU informs the HEMS Unit of the patient for transfer	1. Check the reporting template sent through text by the CESU/RHU and coordinates regarding the details of the patient to be transferred	None	3 minutes	<i>HEMS Nurse</i> (City Health Office)
2. Client waits for phone call regarding the status of transfer	2. The HEMS personnel on duty coordinates with the receiving hospital/ isolation facility regarding the transfer and refer to HEMS Medical Director as necessary	None	10 minutes	<i>HEMS Nurse/ HEMS Medical Director</i> (City Health Office)
3. Listen to the instruction of the HEMS personnel through phone call	3. The HEMS personnel give instruction to the patient/relative prior to transfer	None	5 minutes	<i>HEMS Nurse</i> (City Health Office)



4. Client prepares as instructed while waiting for the HEMS Team	4. The HEMS personnel on duty prepare for the transfer (wearing of PPEs, preparation of the ambulance and equipment)	None	10 minutes	<i>HEMS Nurse</i> (City Health Office)
5. Wait for the HEMS personnel	5. Immediate dispatch of the HEMS team upon confirmation from the receiving hospital	None	30 minutes to 45 minutes <i>*depending on the distance of the patient to the receiving hospital/ facility</i>	<i>HEMS Team</i> (City Health Office)
<b>TOTAL:</b>		None	1 hour and 13 minutes <i>*depending on the distance of the patient to the receiving hospital/ facility and traffic situation</i>	



## 16. MEDICAL ASSISTANCE REQUEST

The Health Emergency Management Staff (HEMS) Unit of the City Health Office ensures the delivery of basic health services to our constituents. This includes the provision of medical assistance on planned events as requested by our constituents.

<b>Office or Division:</b>	City Health Office- HEMS Unit, HEMS Operation Center, Heroes Hall, Brgy. San Juan, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request letter duly approved by the City Administrator		City Administrator's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The client will send and leave the request letter at the City Administrator's Office for approval	1. The City Administrator's Office receives the letter for review and approval	None	1 to 2 days	<i>Administrative Officer - (City Administrator's Office)</i>
2. The client will wait for a call confirming the status of the request	2.1 Approval or disapproval of the request by the City Administrator	None	5 minutes	<i>City Administrator (City Administrator's Office)</i>
	2.2 The approved request letter will be sent to the CHO Administrative Health Care Division for processing and coordination	None	3 minutes	<i>Administrative Officer VI/ City Health Officer (City Health Office)</i>
3. The client will coordinate with the HEMS Unit and give details regarding the medical assistance request	3. Upon receipt of the letter, the HEMS nurse will coordinate with the client regarding the planned event	None	10 minutes	<i>HEMS Nurse (City Health Office)</i>
4. The client will wait for the arrival of the Medical Team on the date, place and, time of event as agreed upon	4. Deployment of the medical team	None	30 minutes to 45 minutes *depending on the location of the event	<i>HEMS Team (City Health Office)</i>
<b>TOTAL:</b>		None	1-2 days and 45 minutes *depending on the location of the event	



## 17. ANNUAL PHYSICAL EXAMINATION (APE)

The City Medical Unit (CMU) of the City Health Office ensures the health and wellness of the Casual and Job Order Employees of the City Government of San Fernando, Pampanga.

<b>Office or Division:</b>	City Health Office- City Medical Unit, 2nd gate of the City Hall, City Health Office Annex, A. Consunji St. Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to City Employees			
<b>Who may avail:</b>	All Casual and Job Order Employees of the city government of San Fernando, Pampanga			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Specimen cups (for Urine & Stool Exam)		City Human Resource Management Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Registration	1. Assist the employee in signing the registration form and in accomplishing the APE form	None	3 minutes	CMU Nurse (City Health Office)
2. Employee will proceed to the laboratory for blood extraction and submit collected urine and stool sample	2. Extract blood sample and collect the specimen cups (stool and urine sample)	None	5 minutes	CMU Medical Technologist/ Laboratory Aide (City Health Office)
3. Employee will proceed to the Dental Unit for dental examination	3. Perform examination of the oral cavity	None	8 minutes	CMU Dentist/ Dental Aide (City Health Office)
4. Employee will follow instruction and answer questions of the health care provider during physical assessment/ history taking	4. Interview and assess the employee	None	5 minutes	CMU Nurse (City Health Office)
5. Employee will let the health care provider take his/her height and weight	5. Measure the height and weight of the employee	None	2 minutes	CMU Nurse (City Health Office)

6. Employee will follow instruction and answer questions of the health care provider during eye test	6. Check the visual acuity of the employee	None	2 minutes	<i>CMU Nurse</i> (City Health Office)
7. Employee will proceed to the ECG room (for employees 35 years old and above, with high BP or with history of heart disease)	7. Perform ECG	None	5 minutes	<i>CMU Nurse</i> (City Health Office)
8. Employee will follow instruction and answer questions of the doctor during consultation	8. Assess the employee and accomplish the APE form	None	5 minutes	<i>CMU Doctor</i> (City Health Office)
<b>TOTAL:</b>		None	35 minutes	



## 18. ISSUANCE OF MEDICAL CERTIFICATE

The City Medical Unit (CMU) of the City Health Office ensures the health and wellness of the constituents of the City of San Fernando, Pampanga especially the ones needing a Medical Certificate.

<b>Office or Division:</b>	City Health Office- City Medical Unit, 2nd gate of the City Hall, City Health Office Annex, A. Consunji St. Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All constituents of the City of San Fernando, Pampanga			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory results (CBC, Urine, Stool, chest x-ray)		Laboratory centers		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client present the requirements to the CMU Nurse (laboratory results and other pertinent documents)	1. Validate the requirements and interview the client (history taking, physical assessment, etc.)	None	5 minutes	<i>CMU Nurse</i> (City Health Office)
2. Client will proceed to the CMU Doctor	2. Assess the client prior to the issuance of a medical certificate	None	5 minutes	<i>CMU Doctor</i> (City Health Office)
3. Client proceeds to the City Treasurer's Office for payment and return to the CMU for the claiming of Medical Certificate	3. CMU Nurse prepares and hand over the medical certificate to the client	Php 100.00	5 minutes	<i>CMU Nurse</i> (City Health Office/) <i>Administrative Aide</i> (City Treasurer's Office)
<b>TOTAL:</b>		Php 100.00	15 minutes	



## 19. BURIAL, CREMATION, TRANSFER AND EXHUMATION PERMIT

The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permits. It is a requirement for every entombment within the city that the permit will be issued as required by law under P.D. 856 specifically the disposal of dead persons.

<b>Office or Division:</b>	City Health Office- 1st floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	Spouse, Nearest Relative and/or Authorized Representative of the deceased only			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Copy of reviewed/registered Death Certificate form duly accomplished correctly, completely and signed by proper parties (1 photocopy)		City Health Office, City Civil Registry Office (Window 47)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give a copy of reviewed/registered Death Certificate	1. Receive, log, and verify the information data of the deceased and instruct the client to pay at the City Treasurer's Office	None	2 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>
2. Go to the City Treasurer's (Window 37) Office for the payment	2. Wait until the client return for the copy of official receipt from the City Treasurer's Office	Php 200.00	3 minutes	<i>Administrative Aide (City Treasurer's Office)</i>
3. Wait for the processing of the permit	3. Prepare and issue the permit	None	2 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV/Medical Specialist III/City Health Officer (CHO- Issuance of Death Certificate)</i>
<b>TOTAL:</b>		P200.00	7 minutes	



## 20. ISSUANCE OF DEATH CERTIFICATE (OUT OF FACILITY DEATH MEDICALLY ATTENDED)

The City Health Office is responsible for the review of a Death Certificate. It examines the cause of death, issues the certificate, and directs the registration of the death at the City Civil Registry within the reglementary period of 30 days. The spouse or nearest relative of a person who died without medical attendance must report the deceased within 48 hours.

<b>Office or Division:</b>	City Health Office- 1st floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Spouse, Nearest Relative and/or Authorized Representative of the deceased only			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Four (4) copies of Death Certificate form (original)		City Civil Registry Office (Window 46)		
2. Medical Certificate (original)		Hospital, Clinic, Attending Physician		
3. Notarized Sworn Statement (Salaysay) form (1 original)		City Health Office- Vital Events Section		
4. Notarized Waiver for Autopsy form (1 original)		City Health Office- Vital Events Section		
5. Barangay Certificate of Residency (1 original)		At the respective Barangay Hall of the client's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the Death Certificate for verification	1. Receive, log, and review the death certificate of the deceased	None	3 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>
2. Submit additional requirements	2. Review additional requirements, check for correct information and signature of physician and certification of embalmer	None	5 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>

3. Wait for the processing of documents	3. Bring the death form to the City Medical Specialist III or City Health Officer for review and signing	None	5 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV/Medical Specialist III/City Health Officer (CHO- Issuance of Death Certificate)</i>
4. Claim the form and go to the City Civil Registry Office (Window 46)	4. Release the form and permit instruct to proceed to the City Civil Registry Office for registration	None	2 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>
<b>TOTAL:</b>		None	15 minutes	





## 21. ISSUANCE OF DEATH CERTIFICATE (OUT OF FACILITY DEATH MEDICALLY UNATTENDED)

The City Health Office is responsible for the review of a Death Certificate. It examines the cause of death, issues the certificate, and directs the registration of the death at the City Civil Registry within the reglementary period of 30 days. The spouse or nearest relative of a person who died without medical attendance must report the deceased within 48 hours.

<b>Office or Division:</b>	City Health Office- 1st floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Spouse, Nearest Relative and/or Authorized Representative of the deceased only			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Four (4) copies of Death Certificate form (original)		City Civil Registry Office (Window 46)		
2. Medical Certificate (original)		Hospital, Clinic, Attending Physician		
3. Notarized Sworn Statement (Salaysay) form (1 original)		City Health Office- Vital Events Section		
4. Notarized Waiver for Autopsy form (1 original)		City Health Office- Vital Events Section		
5. Barangay Certificate of Residency (1 original)		At the respective Barangay Hall of the client's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish the personal data form of the deceased	1. Receive and validate completeness of information of the deceased	None	3 minutes	Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)

2. Wait for the processing of information details of the deceased	2. Log and type the information details of the deceased	None	7 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>
3. Check the given details and information	3. Explain additional requirements needed to be accomplished (Cause of Death to be signed by the Attending Physician or Rural Health Physician)	None	10 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)</i>
4. Submit additional requirements needed for physician's evaluation and go to the designated Rural Health Unit (if the Rural Health Physician is not available, go to the Medical Officer at the CHO Annex or City Health Officer at 2nd floor CHO)	4. Evaluation and determination on the probable cause of death by the concerned physician and signing of the death certificate with complete requirements. Information on certification of embalmer is required for registration at the CCRO	None	1 day	<i>Rural Health Physician/ Medical Officer/Medical Specialist III/City Health Officer (CHO- Issuance of Death Certificate/ Rural Health Units)</i>
<b>TOTAL:</b>		None	1 day and 20 minutes	



## 22. ISSUANCE OF DEATH CERTIFICATE (MEDICO-LEGAL IN NATURE)

The City Health Office is responsible for the review of a Death Certificate. It examines the cause of death, issues the certificate, and directs the registration of the death at the City Civil Registry within the reglementary period of 30 days. The spouse or nearest relative of a person who died without medical attendance must report the deceased within 48 hours.

<b>Office or Division:</b>	City Health Office- 1st floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Spouse, Nearest Relative and/or Authorized Representative of the deceased only			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Four (4) copies of Death Certificate form (original)		City Civil Registry Office (Window 46)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish the personal data form of the deceased	1. Receive and validate information of the deceased	None	3 minutes	Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)
2. Wait for the processing of information details of the deceased	2. Log and type the information details of the deceased	None	7 minutes	Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)
3. Check the given details and information	3. Explain and assist the client in the filling-up of information on the "Post- Mortem Certificate of Death"	None	10 minutes	Nurse I/ Administrative Officer II/ Administrative Aide IV (CHO- Issuance of Death Certificate)

4. Submit deceased for autopsy at SOCO situated at Camp Olivas	4. Refer to Medico-Legal Officer/SOCO and instruct client on affixing of Medico-Legal Officer's signature and embalmer's certification on the death form	None	2 days * varies upon the availability of the SOCO/Medico - Legal Officer	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV/ Medico-Legal Officer/SOCO (CHO- Issuance of Death Certificate)</i>
5. Request for review of death certificate	5. Refer to City Medical Specialist III/City Health Officer for review of cause of death and affixing of signature	None	5 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV/Medical Specialist III/City Health Officer (CHO- Issuance of Death Certificate)</i>
<b>TOTAL:</b>		None	2 days and 25 minutes	



## 23. REVIEWING OF DEATH CERTIFICATE

The City Health Office is responsible for the reviewing of a Death Certificate. It examines the cause of death, completeness, correctness, consistency and clarity of information in the death certificate and directs the registration of the death at the City Civil Registry Office within the reglementary period of 30 days.

<b>Office or Division:</b>	City Health Office- 1st floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Spouse, Nearest Relative and/or Authorized Representative of the deceased only			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Three (3) or Four (4) copies of Death Certificate form duly accomplished correctly, completely and signed by proper parties (original)		Hospital- Records Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the form for verification and review	1. Receive, log and review the death certificate of the deceased. Check for correct information and signatures of physician and certification of embalmer	None	8 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV</i> (CHO- Issuance of Death Certificate)
2. Wait for the processing of documents	2. Bring the death certificate to the City Medical Specialist III or City Health Officer for review and signing	None	5 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV/Medical Specialist III/City Health Officer</i> (CHO- Issuance of Death Certificate)
3. Claim the form and go to the City Civil Registry Office (Window46)	3. Release the form and instruct to proceed to the City Civil Registry Office for registration	None	2 minutes	<i>Nurse I/ Administrative Officer II/ Administrative Aide IV</i> (CHO- Issuance of Death Certificate)
<b>TOTAL:</b>		None	15 minutes	



## 24. AVAILMENT OF HIMLAYANG FERNANDINO SERVICES

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the processing of the application for the Himlayang Fernandino.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	<p>Fernandinos (exclusively vested among the bonafide residents of the City of San Fernando, Pampanga are qualified to avail of the facility's burial services)</p> <p>1. Resided in the City of San Fernando, Pampanga for at least six (6) months as evidenced by the Barangay certificate of residency from the barangay chairman where the beneficiary has resided during his/her lifetime.</p>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Death Certificate (1 photocopy)		City Health Office- Issuance of Death Certificate Section		
2. Indigency of informant and indigency of the deceased (1 photocopy each)		At the respective Barangay Hall of the client's permanent area of residence		
3. Voters ID/Voter's Certification of the informant and deceased (1 photocopy each)		COMELEC located at the City Hall		
4. Cedula of informant (1 photocopy)		City Treasurer's Office (Windows 1-4)		
6. Assessment report (1 original)		City Mayor's Office/City Social Welfare Development Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Present all the requirements	1.1. Receive application form for the above-ground niche/interment and all requirements for the application for leasing of niche/interment	None	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
2. Client will give a copy of the assessment report (medical/financial form) and wait while the application for the above ground niche/interment is being assessed	2.1. Assess fee based on the schedule of fees as provided in the Article IV of the Ordinance No. 2009-015	None	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
	* Five-year Lease on single niche	Php 5,000.00 as per Ordinance * if indigent, no fees once certified by CSWDO	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
	*Maintenance fee	Php 500.00		
	* Perpetual lease on single ossuary	Php 2,500.00		
	2.2. Staff will fill-up the application form	None		
2.3. Issue order of payment to the applicant(s) for the payment at the Treasurer's Office	* if indigent, no fees once certified by CSWDO	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)	

2. Client will give a copy of the assessment report (medical/financial form) and wait while the application for the above ground niche/interment is being assessed	2.4. Prepare lease agreement (Contract of Lease) for the above-ground niche and the Field Order Slip	None	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
	2.5. Record approved Niche Leased Application and all pertinent information on the logbook	None		
	2.6. File all attached requirements	None		
	2.7. Instruct client to bring their copy of the Order of Payment at the City Mayor's Office	None		
	2.8. Himalayan Fernandino (Barangay Lara): Instruct clients to look for the in-charge caretaker and hand over their copy of the original Field Order Slip and the client is reminded to bring the needed materials for the burial	None	3 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
<b>TOTAL:</b>		<b>Php 5,500.00</b>	<b>18 minutes</b>	





## 25. ISSUANCE OF HEALTH CERTIFICATE

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of health certificate. Any person/individual can request a health certificate for employment.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Any person/individual who wants to work within the city			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. All workers/employees' current results/annual medical results of:				
1.1. Chest x-ray current year (1 original)		Any DOH-accredited laboratory within the City of San Fernando, Pampanga		
1.2. Urine (at most a month upon application) (1 original)		Any DOH-accredited laboratory within the City of San Fernando, Pampanga		
1.3. Stool (at most a month upon application) (1 original)		Any DOH-accredited laboratory within the City of San Fernando, Pampanga		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present diagnostic/laboratory results for validation	1.1. Receive diagnostic/laboratory results for validation	None	2 minutes	Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)
	1.2. Instruct the client to pay health certificate fee at CTO window 3 (for normal findings)	Php 200.00	2 minutes	

	1.3. Refer the client to City Medical Unit (for any abnormal findings) for medical check-up	None		<i>Sanitation Inspector/ Administrative Aide/Nurse (City Health Office- EHSD, CMU)</i>
2. Present receipt of payment	2.1. Validate official receipt issued by the City Treasurer's Office	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
3. Wait until the health certificate is processed	3.1. Prepare the health certificates	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
	3.2. Record client's information on the logbook for food and non-food establishments	None	2 minutes	
4. Receive the health certificate and affix signature on the logbook	4.1. Instruct client to receive the health certificate on the logbook	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
<b>TOTAL:</b>		<b>Php 200.00</b>	<b>12 minutes</b>	



## 26. ISSUANCE OF SANITARY PERMIT (RENEWAL)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the CSFP: Php 200.00 to 1,200.00	5mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2mins	
	2.2. Printing of the Sanitary Permit		2mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office- EHSD)
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5mins	
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 min as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)

<b>TOTAL:</b>	<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	
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## 27. ISSUANCE OF SANITARY PERMIT (RENEWAL FOR WATER REFILLING STATIONS, WATER WORKS SYSTEM AND BULK WATER)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Microbiological test: Total Coliform, E. Coli & Heterotrophic Plate Count- *If water source is Deepwell: product water every month and raw water every six (6) months *If water source is Water District: with Certificate of Potability		Department of Health Accredited Water Laboratory/City Health Office		
3. Physical/Chemical Test- *[following the mandatory parameters of the Philippine National Standards for Drinking Water 2017 [PNSDW 2017] *if water source is deep well: raw & product water every six (6) months, *if water source is water district: product water only every 6 months, with Certificate of Potability		Department of Health Accredited Water Laboratory/City Health Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Submit required documents	1. Verify submitted documents		5mins	
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the CSFP: Php 200.00 to 1,200.00	2mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
	2.2. Printing of the Sanitary Permit		2mins	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office- EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 min  as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	



## 28. ISSUANCE OF SANITARY PERMIT (NEW BUSINESS)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the CSFP: Php 200.00 to 1,200.00	5mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5mins	
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	1 min	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)	
			as stated in the QMS Manual for the issuance of Sanitary Permit	

<b>TOTAL:</b>	<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	
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## 29. ISSUANCE OF SANITARY PERMIT (NEW BUSINESS-NIGHT CLUBS/ENTERTAINMENT ESTABLISHMENTS)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. License to work for entertainers/models		Entertainment Establishment Section (Social Hygiene Clinic)/City Mayor's Office		
3. Result of the Cervical Urethral Smear from the Social Hygiene Clinic of Entertainment Workers		Social Hygiene Clinic (located at the City Civic Center, Barangay San Isidro, CSFP)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised	5 mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	

3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit	Revenue Code and Market	5 mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office-EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	Code of the CSFP: Php 200.00 to 1,200.00	1 min  as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	



### 30. Issuance Of Sanitary Permit (New Business- Water Refilling Stations, Water Works System And Bulk Water)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Business establishments	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
1. Application Form for Business	Business One Stop Shop (City Hall)	
For Water Refilling Stations, Water Works System and Bulk Water: 5 original copies of the requirements are required (1 CHO- EHSD file, 4 DOH File)		
2. Certificate of Certified Water Operator Training Course or Letter of Commitment	Water Operator Training Course Provider	
3. Sanitary Plan	Licensed Sanitary Engineer	
4. Physical/Chemical Test- (following the mandatory parameters of the Philippine National Standards for Drinking Water [ PNSDW 2017] *if water source is deep well: raw and product water every six (6) months, *if water source is water district: product water only every 6 months with certificate of potability	Department of Health Accredited Water Laboratory / City Health Office	
5. Sanitary Engineer's Report	Licensed Sanitary Engineer	

6. Microbiological test: Total Coliform, E. Coli & Heterotrophic Plate Count- *If water source is deepwell: product water every month; raw water every six (6) months *If water source is Water District: With certificate of potability		Department of Health Accredited Water Laboratory/City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the CSFP: Php 200.00 to 1,200.00	5 mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office- EHSD)
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 mins	
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 min	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	

### 31. Issuance Of Sanitary Permit (New Business- Memorial Park, Cemetery Or Private Burial Ground)



The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Initial or operational permit/clearance from DOH-CHD- 3		Department of Health Region 3		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the	5mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 min	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve d the Sanitary Permit	5mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office- EHSD)	

4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	CSFP: Php 200.00 to 1,200.00	1 min	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	



## 32. Issuance Of Sanitary Permit (New Business- Crematorium)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Initial or Operational Permit / Clearance from DOH-CHD3 3. Licensed undertaker or letter of Commitment to attend training for undertaker		Department of Health		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017	5 mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	

3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit	Revised Revenue Code and Market	5mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office-EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	Code of the CSFP: Php 200.00 to 1,200.00	1 min  as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	





### 33. Issuance Of Sanitary Permit (New Business- Industrial Establishment)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Design of Waste Water Treatment Plant Facilities duly signed by a licensed Sanitary Engineer		Business owner's engineering department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017	5mins	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	

3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit	Revised Revenue Code and Market	5mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office-EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	Code of the CSFP: Php 200.00 to 1,200.00	1 min  as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office-EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	



### 34. Issuance Of Sanitary Permit (New Business- Poultry And Piggery)

The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Barangay Resolution of no objection		Barangay		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market Code of the	5mins	Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)
2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system		2 mins	
	2.2. Printing of the Sanitary Permit		2 mins	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit	5mins	Sanitation Inspector VI/City Health Officer II (City Health Office- EHSD)	

4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	CSFP: Php 200.00 to 1,200.00	1 min  as stated in the QMS Manual for the issuance of Sanitary Permit	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>	

### 35. Issuance Of Sanitary Permit (New Business- Water Laboratory)



The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Sanitary Permits. All business establishments are required to secure a Sanitary Permit upon application for a Business Permit to ensure that the establishment complies with the laws and/ordinances pertaining to health and sanitation in the City.

<b>Office or Division:</b>	City Health Office- Environmental Health and Sanitation Division (EHSD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Business establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Application Form for Business		Business One Stop Shop (City Hall)		
2. Current NRL Certificate of proficiency		NRL -National Reference Laboratory		
3. Picture of Physical Location of the laboratory		Business Owner		
4. PRC License to Operate (for lab with Physico-Chemical Services only)		PRC- Professional Regulatory Commission		
5. Valid DOH Certificate of Accreditation		Department of Health		
6. NRL Licensure Certificate for water sampler		NRL -National Reference Laboratory		
7. DENR Environmental Clearance		Department of Environment and Natural Resources (DENR) Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents	1. Verify submitted documents		5mins	<i>Sanitation Inspector/</i>

2. Wait while the personnel process the permit	2.1. Encoding/ updating of necessary information in the CHO sanitary information system	Based on Chapter IV- Service Fees, Art. 48 of the Ordinance Enacting the 2017 Revised Revenue Code and Market	2 mins	<i>Administrative Aide</i> (City Health Office-EHSD)	
	2.2. Printing of the Sanitary Permit		2 mins		
3. Wait for the approval of the Sanitary Permit	3. Review the approved Sanitary Permit		Code of the CSFP: Php 200.00 to 1,200.00	5mins	<i>Sanitation Inspector VI/City Health Officer II</i> (City Health Office-EHSD)
	4. Releasing of the Sanitary Permit			1 min <small>(as stated in the QMS Manual for the issuance of Sanitary Permit)</small>	
<b>TOTAL:</b>		<b>Php 200.00 to 1,200.00</b>	<b>15 minutes</b>		

### 36. ISSUANCE OF PINK CARD



The City Health Office- Environmental Health and Sanitation Division (EHSD) is responsible for the issuance of Pink Card. Any person/individual (Entertainment Establishment Worker) can request a Pink Card for employment.

<b>Office or Division:</b>	City Health Office- Reproductive Health and Wellness Clinic (Social Hygiene Clinic) located at Sindalan BS- Gloria 1, Brgy. Sindalan, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Any person/individual (Entertainment Establishment Workers) who wants to work within the City.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. All workers/employees' current results/annual medical results of:				
1.1. Chest x-ray current year (x-ray plate should include the name of the client, age and gender)		Any accredited laboratory within the City of San Fernando, Pampanga		
1.2. Urine (within a month upon application)		Any accredited laboratory within the City of San Fernando, Pampanga		
1.3. Stool (within a month upon application)		Any accredited laboratory within the City of San Fernando, Pampanga		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present diagnostic/ laboratory results for validation	1. Receives diagnostic/ laboratory results for validation	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)
2. Proceed to Window 3 of the City Treasurer's Office for payment	2.1. Instruct the client to pay health certificate fee window 3 (for normal findings)	Php 200.00	2 minutes	<i>Sanitation Inspector/ Administrative Aide</i> (City Health Office- EHSD)

3. Proceed to Window 3 of the City Treasurer's Office for payment	3.1. Refer the client to the Rural Health Unit (for any abnormal findings) for medical check-up and further assessment	None	1 minute	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
4. Present official receipt	4. Counter check official receipt issued by the City Treasurer's Office	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
5. Wait until the health certificate is processed	5.1. Prepare the Pink Card	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
5. Wait until the health certificate is processed	5.2. Recording of client's information on the logbook for entertainment establishments	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
6. Receive the health certificate and affix signature on the logbook	6. Instruct client to receive the Pink card on the logbook for entertainment establishments	None	2 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
<b>TOTAL:</b>		<b>Php 200.00</b>	<b>13 minutes</b>	





## 37. AVAILMENT OF REPRODUCTIVE HEALTH AND WELLNESS CLINIC SERVICES

The Reproductive Health and Wellness Clinic and Environmental Health and Sanitation Division under the City Health Office are bound together to deliver quality, accessible and sustainable health services to Fernandinos.

<b>Office or Division:</b>	City Health Office- Reproductive Health and Wellness Clinic (Social Hygiene Clinic) located at the City Civic Center, Barangay San Isidro, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Entertainment Establishment Workers/Bar Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Chest x-ray current year (x-ray plate should include the name of the client, age and gender)		Any accredited laboratory within the City of San Fernando, Pampanga		
2. Urine (within a month upon application)		Any accredited laboratory within the City of San Fernando, Pampanga		
3. Stool (within a month upon application)		Any accredited laboratory within the City of San Fernando, Pampanga		
4. Pink card (1 original- for renewal)		City Health Office- Reproductive Health and Wellness Clinic/Environmental Health and Sanitation Division		
5. Philippine Statistics Authority Birthcertificate		Philippine Statistics Authority Office, City of San Fernando Pampanga		
6. Police clearance		Philippine National Police Office, City of San Fernando Pampanga		
7. Community Tax Certificate Cedula		City Treasurer's Office, City of San Fernando Pampanga		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present all requirements needed in acquiring Pink Card, Occupational Fee, Health Certificate	1. Review the submitted requirements A. Clients with abnormal results/findings, refer to respective RHUs B. Clients with normal findings,	None	5 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>

	instruct client to pay fees at the cashier			
2. Pay fees at the cashier	2. Receive payment and issue official receipt and instruct client to present the official receipt to EHSD Office	<b>Pink card for Entertainers:</b> P200.00 <b>Occupational fee:</b> P200.00 <b>Health Certificate for Bar Personnel</b> P200.00 <b>Smear:</b> P50.00 <b>Community Tax Certificate</b> : minimum P120.00 (varies)	5 minutes	<i>Local Revenue Collection Officer I (City Treasurer's Office)</i>
3. Client will present the official receipt to EHSD Staff	3. Record the OR number and issue Pink Card, License, or Health Certificate, if for smear instruct client to proceed to SHC	None	5 minutes	<i>Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)</i>
4. Client will present the issued Pink Card for smearing	4. Register the client's information in the smear registration logbook	None	4 minutes	<i>Laboratory Aide II (CHO- Social Hygiene Clinic)</i>
5. Client will claim the numbered slides	5. Instruct the client to proceed to the examination room	None	2 minutes	<i>Laboratory Aide II (CHO- Social Hygiene Clinic)</i>

6. Client will proceed to the examination room and give the numbered slides to the Nurse	6.1 Conduct physical examination and prepare the client for smearing	None	4 minutes	<i>Nurse III</i> (CHO- Social Hygiene Clinic)
	6.2 Perform smear procedure	None	5 minutes	<i>Nurse III</i> (CHO- Social Hygiene Clinic)
	6.3 Instruct the client on her next schedule and inform them that the Floor Managers will claim all the Pink cards	None	2 minutes	<i>Nurse III</i> (CHO- Social Hygiene Clinic)
7. Return to the SHC for the laboratory result(s)	7.1 Conduct laboratory procedures such as gram staining, microscopic reading or blood testing and after laboratory procedure	None	Smear gramstainin g: 1 hour HIV: 2 hours Hepa B: 1hour Syphilis: 1hour	<i>Medical Technologists II</i> (CHO- Social Hygiene Clinic)
	7.2 Inform the client of the result and provide health teachings, treatment or refer as necessary	None	15 minutes	<i>Nurse III</i> (CHO- Social Hygiene Clinic)
8. Designated Floor Managers will claim the Pink cards	8. Releasing of pink cards to Floor Managers is from Mondays to Fridays, 4PM-5PM	None	5 minutes	<i>Laboratory Aide II</i> (CHO- Social Hygiene Clinic)
<b>TOTAL:</b>		P570.00	2 hours and 15 minutes	



### 38. AVAILMENT OF FAMILY PLANNING SERVICES

The Rural Health Units and Barangay Health Stations under the City Health Office ensure that women of reproductive age are counseled for family planning and given informed choice of contraceptive.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP Super Health Center- City Civic Center, Brgy. San Isidro, CSFP Barangay Health Stations in Barangays			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	Women of Reproductive Age (15-49 years old)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Family Planning Form 1 (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-up and/or update the Family Planning form	1. Interview and assist the client in filling-up the Family Planning Form	None	15 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU, 41 BHSes)
2. Allow the Health Care Provider to do initial assessment	2. Get the vital signs of the client and conduct initial physical examination before referral to the physician (if not physically present refer thru phone call/ video call)	None	10 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU 41 BHSes)

3. Listen to the Health Care Provider	3. Educate and present options to the client on the family planning methods available and provide counseling afterwards	None	20 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU, 41 BHSes)</i>
4. Listen to the Health Care Provider for instruction on the chosen method	4. Give/Administer chosen Family Planning Method	None	10 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU, 41 BHSes)</i>
<b>TOTAL:</b>		None	55 minutes	* processing time may vary depending on the chosen Family Planning Method



### 39. ANTI TUBERCULOSIS SERVICES

The City Health Office through its Rural Health Units and Barangay Health Stations ensures that all presumptive TB cases are assessed and given proper medication for six months under the National Tuberculosis Program of the Department of Health.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP Super Health Center- City Civic Center, Brgy. San Isidro, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
2. Specimen Request or Chest X-ray Request (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
<i>*** TB patients for enrolment</i>				
1. NTP Treatment Card (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
2. Specimen Result or Chest X-ray Result/Hospital (1 original preferably with chest x-ray plate)		Laboratory of the catchment Rural Health Unit/any CSFP Laboratory		
3. Provider-Initiated Counseling and Testing Form (1 original)		Rural Health Unit and Super RHU		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient seek consultation at the Rural Health Unit/Barangay Health Station and answer all the questions of the Health Worker	1. Determine if the patient is a presumptive or symptomatic Tuberculosis patient through history taking and prepare initial treatment record	None	10 minutes	Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU)

2. Allow the Health Worker to do physical examination	2. Conduct physical examination to the patient and record all findings	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU)
3. Listen attentively to the Health Worker	3. Educate patient on proper sputum collection, duration and number of sputum to be submitted and give schedule of laboratory examination	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU)
4. Answer all the questions of the Health Worker needed in the Laboratory Request Form	4. Fill-up Direct Sputum Smear Microscopy Laboratory Request Form and instruct patient to proceed to the Rural Health Unit. Instruct client to return after 1-3 days for sputum Result	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU)
<b>TOTAL:</b>		None	25 minutes	
<b>ENROLMENT OF PATIENT</b>				
1. Allow the Health Worker to assess the result of the Direct Sputum Smear Microscopy/Chest x-ray	1. Assess the patient if he/she is eligible to the National Tuberculosis Program	None	1 minute	<i>Public Health Nurse/Rural Health Physician</i> (CHO- RHU I-V, Super RHU)
2. Answer all the questions of the Health Worker needed in the enrolment	2.1. If the patient is not eligible: refer to Rural Health Physician for other Diagnostic Tests such as Chest x-ray, Gene X-pert, etc.	None	5 minutes	<i>Public Health Nurse/Rural Health Physician</i> (CHO- RHU I-V, Super RHU)

	2.2. If the patient is eligible: enroll the patient and issue National Tuberculosis Program Treatment Record and Identification Card	None	20 minutes	<i>Public Health Nurse/ Rural Health Midwife/ Barangay Health Station Nurse (CHO- RHU I-V, Super RHU)</i>
3. Listen attentively to the Health Worker	3. Educate patient and treatment partner about prevention and control Tuberculosis, importance of Tutok Gamutan, and discuss the role of the treatment partner	None	20 minutes	<i>Public Health Nurse/Rural Health Midwife/ Barangay Health Station Nurse (CHO- RHU I-V, Super RHU)</i>
4. Listen attentively to the Health Worker and sign the consent	4. Conduct Human Immunodeficiency Virus counseling prior to testing and refer to the Rural Health Unit Laboratory	None	10 minutes	<i>Public Health Nurse/ Rural Health Midwife/ Barangay Health Station Nurse/Medical Technologist (CHO- RHU I-V, Super RHU)</i>
5. Allow Health Worker to test initial intake of Anti-Tuberculosis drugs for hypersensitivity	5. Issue initial dose of Anti-Tuberculosis drugs to the patient; if with reaction, refer to the Rural Health Physician	None	15 minutes	<i>Public Health Nurse/ Rural Health Midwife/ Barangay Health Station Nurse (CHO- RHU I-V, Super RHU)</i>



6. Listen attentively to the Health Worker and give Diagnostic Laboratory Request	6.1. Ask client to identify all his household members; if household members are symptomatic, high risk or if client is bacteriologically confirmed, give diagnostic laboratory request form to identified household member	None	15 minutes	<i>Public Health Nurse/ Rural Health Midwife/ Barangay Health Station Nurse (CHO- RHU I-V, Super RHU / Identified Diagnostic facility of RHU I-V)</i>
6. Listen attentively to the final instructions	6.2. Inform the patient where to get his/her daily Anti-Tuberculosis drugs and schedule of sputum follow-up; inform the patient of the side effects	None	3 minutes	<i>Public Health Nurse/Rural Health Midwife/ Barangay Health Station Nurse (CHO- RHU I-V, Super RHU)</i>
<b>TOTAL:</b>		None	1 hour and 29 minutes	



## 40. BASIC IMMUNIZATION SERVICES

The Rural Health Units under the City Health Office ensures that all children under 5 years of age are fully immunized.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP Super Health Center- City Civic Center, Brgy. San Isidro, CSFP Barangay Health Stations in Barangays			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	Children below 5 years old			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
2. Immunization Card (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Mother/guardian seek basic immunization services at the Rural Health Unit/Barangay Health Station	1.1. Register client's information/give queue number	None	2 minutes	<i>Barangay Health Worker/Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
	1.2. For old clients: interview the mother/guardian of the infant and check the immunization card for the scheduled immunization	None	3 minutes	<i>Barangay Health Worker/Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>

	1.3. For new clients: register the infant and issue an immunization card	None	5 minutes	<i>Barangay Health Worker/Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
2. Allow the Health Worker to conduct physical assessment to the infant and answer all the questions of the Health Worker	2. Check and record the vital signs and anthropometric measurements of the infant to determine wellness or presence of illness. Give health teachings about the vaccine to be given	None	10 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
3. Allow the Health Worker to vaccinate the infant and listen to the instruction of the Health Worker	3. If the infant is well: update the infant's record on the Expanded Program on Immunization Target Client List and immunize the infant	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
4. Receive the Early Childhood Care Development Card and referral form and listen to the instruction of the Health Worker	4. If the patient is not well: render Out Patient Consultation Services and give next schedule of immunization	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
5. Listen attentively to the instructions of the Health Worker	5. Give additional health teachings, which includes date of next immunization, care for the injection site and danger signs to watch for, and administration of medicine if any	None	3 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
<b>TOTAL:</b>		<b>None</b>	<b>35 minutes</b>	

## 41. OUT-PATIENT CONSULTATION AT THE RURAL HEALTH UNITS AND BARANGAY HEALTH STATIONS



The Rural Health Units and Barangay Health Stations under the City Health Office ensure that all are given basic quality health services through proper assessment, treatment, and referral.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP Super Health Center- City Civic Center, Brgy. San Isidro, CSFP Barangay Health Stations in Barangays			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
2. Prescription (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
*** Patients for referral:				
1. Referral Slip (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Ask for medical consultation	1. Register the patient's data on the Individual Treatment Record (for new patients)	None	2 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU & 41 BHSes)

2. Provide personal data for record retrieval	2. Retrieve patient's previous individual treatment record and register chief complaints and health services rendered	None	2 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU & 41 BHSes)
3. Wait for the vital signs to be taken	3. Take and record vital signs and medical history	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU & 41 BHSes)
4. Wait for the issuance of referral slip	4. Conduct physical examination to assess patient's condition	None	15 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse</i> (CHO- RHU I-V, Super RHU & 41 BHSes)
5. Listen attentively to the instruction of the Health Worker or receive medical prescription	5. Refer via chat, phone call, text Rural Health Physician regarding patient's health status and chief complaint before giving appropriate medicines or prescription/s if not available	None	10 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/Rural Health Physician</i> (CHO- RHU I-V, Super RHU & 41 BHSes)
6. Receive the referral slip	6. If emergency case, refer to hospital or CHO- HEMS Unit with the properly filled 2- way referral slip	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/Rural Health Physician</i> (CHO- RHU I-V, Super RHU & 41 BHSes)
<b>TOTAL:</b>		None	41 minutes	*processing time may vary depending on patient's case



## 42. RHU MATERNAL SERVICES

The Rural Health Units under the City Health Office ensures that all pregnant women are assessed and given services for safe pregnancy and delivery.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP Super Health Center- City Civic Center, Brgy. San Isidro, CSFP Barangay Health Stations in Barangays			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	Pregnant women			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
2. Maternal Client Record (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
3. Laboratory Request Form (1 original)		At the respective Barangay Health Station of the patient's permanent area of residence		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Seek consultation at the Rural Health Unit/Barangay Health Station	1. Register patient's data on the Treatment Record. Check and record the vital signs of the mother	None	5 minutes	<i>Barangay Health Worker/Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>

2. Answer all the questions of the Health Worker	2.1. For new clients: complete and issue Home Based Mother's Record/ Mother Baby Booket	None	8 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
	2.2. For old clients: update the Home Based Mother's Record/ Mother Baby Booket	None	3 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
3. Allow the Health Worker to conduct physical examination	3. Conduct physical examination to the mother to determine risk factors	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/Public Health Nurse/Rural Health Physician (CHO- RHU I-V &amp; 41 BHSes)</i>
4. Receive accomplished laboratory request form	4. Request for urinalysis, Hgb/Hct and Hepa B and Syphilis Screening for eligible patients and refer for laboratory tests and give instructions regarding the procedures	None	3 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/ Public Health Nurse/Rural Health Physician (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
5. Listen attentively to the Health Worker	5. Orient the mother on proper maternal nutrition, maternal care and possible danger signs/symptoms and complications of pregnancy, etc.	None	10 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/Public Health Nurse/Rural Health Physician (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>

6. Receive the Home Based Mother's Record/Booklet ni Nanay and iron supplementation tablets	6. Give additional instructions which includes next pre and post-natal visit, tetanus toxoid immunization schedule, intake of iron supplementation which depends on trimester of pregnancy	None	5 minutes	<i>Rural Health Midwife/Barangay Health Station Nurse/Public Health Nurse (CHO- RHU I-V, Super RHU &amp; 41 BHSes)</i>
<b>TOTAL:</b>		None	41 minutes	





### 43. AVAILMENT OF BASIC LABORATORY SERVICES

Laboratory units in the Rural Health Units (RHUs)/City Medical Unit (CMU) under the City Health Office provide basic laboratory services to all Fernandinos, ensuring quality laboratory results.

<b>Office or Division:</b>	City Health Office- City Medical Unit RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP RHU VI (Super Health Center)- City Civic Center, Barangay San Isidro, CSFP				
<b>Classification:</b>	Simple				
<b>Type of Transaction:</b>	G2C- Government to Citizen				
<b>Who may avail:</b>	All Fernandinos				
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>			
Laboratory Request Form (1 original)		Barangay Health Station (BHS)/Rural Health Unit of the patient's permanent area of residence			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
1. Present all the requirements to avail the service	1. Verify all the requirements and instruct client to pay fees at the cashier	None	5 minutes	Laboratory Aide (RHU I-VI Laboratory Unit/CHO-CMU)	
2. Pay fees at the cashier	2. Receive payment and issue official receipt and instruct client to present the official receipt to the laboratory	Sputum Exam (DSSM/ GeneXpert)	None	5 minutes	Local Revenue Collection Officer (City Treasurer's Office)
		Blood Chemistry	P800.00		
		Fasting Blood Sugar	P100.00		
		Lipid Profile	P300.00		
		Complete Blood Count (Hemoglobin & Hematocrit)	P150.00		
Platelet Count	P100.00				

		Blood Typing	P50.00		
		Hepatitis B Screening	P200.00		
		Syphilis Screening	None		
		HIV Screening	P500.00		
		Dengue Test	None		
		Urinalysis	P60.00		
		Fecalysis	P60.00		
		COVID-19 Antigen Test	None		
3. Client will present the official receipt to the Laboratory	3. Record the OR number and client details		None	5 minutes	<i>Laboratory Aide</i> (RHU I-VI Laboratory Unit/CHO-CMU)
4. Collect and submit laboratory specimen	4. Check and receive laboratory specimen submitted		None	15 minutes	<i>Medical Technologist/ Laboratory Aide</i> (RHU I-VI Laboratory Unit/CHO-CMU)
5. Comply to the waiting time of each laboratory procedure	5. Perform laboratory procedure(s) as per indicated request:				<i>Medical Technologist</i> (RHU I-VI Laboratory Unit/CHO-CMU)
	Sputum Exam (DSSM/GeneExpert)		None	3 working days	
	Blood Chemistry		None	4 hours	
	Lipid Profile		None	4 hours	
	Fasting Blood Sugar (Capillary Blood Glucose)		None	30 minutes	
	Fasting Blood Sugar (ChemAnalyzer)		None	4 hours	
	Complete Blood Count (Hemoglobin & Hematocrit)		None	2 hours	

	Platelet Count	None	1 hour	
	Blood Typing	None	1 hour	
	Hepatitis B Screening	None	1 hour	
	Syphilis Screening	None	1 hour	
	HIV Screening	None	2 hours	
	Dengue NS1	None	1 hour	
	Urinalysis	None	1 hour	
	Fecalysis	None	1 hour	
	COVID-19 Antigen Test	None	1 hour	
6. Receive the result(s) and sign at the end-user logbook	6. Log results at the laboratory end-user logbook	None	10 minutes	<i>Laboratory Aide</i> (RHU I-VI Laboratory Unit/CHO-CMU)
7. Listen to instructions for result correlation	7. Instruct client to return to the requesting BHS/RHU/CMU consultation area for proper treatment	None	5 minutes	<i>Laboratory Aide</i> (RHU I-VI Laboratory Unit/CHO-CMU)
<b>TOTAL:</b>		*** Fees to be paid vary per procedure (Based on Article 49, Service Fees for Health Examination Enacting the 2017 Revised Revenue Code and Market Code of the CSFP)	1 hour and 15 minutes to 3 days	*** Releasing of results varies per procedure



#### 44. AVAILMENT OF DENTAL HEALTH SERVICES

The Dental Health Services Unit of the City Health Office provides quality, affordable, accessible and available oral health care delivery to every Fernandino.

<b>Office or Division:</b>	City Health Office- City Medical Unit RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP RHU VI (Super Health Center)- City Civic Center, Brgy. San Isidro, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Fernandinos			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Voter's ID (1 original) or Certification (1 original or 1 photocopy)/Kayabe Card (1 original)		COMELEC/Office of the Community Affairs located at the City Hall		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquire for dental services	1. Register the name of the patient, give queue number and record patient information and vital signs	None	10 minutes	<i>Dental Aide</i> (City Health Office RHU I-VI Dental Units)
2. Ask dentist for specific dental service	2. Assess dental history of the patient	None	10 minutes	<i>Public Health Dentist</i> (City Health Office RHU I-VI Dental Units)
3. Inquire for schedule of dental procedure	3. Schedule dental procedure	None	5 minutes	<i>Dental Aide</i> (City Health Office RHU I-VI Dental Units)
4. Wait for the dental procedure to be completed	4. Inform patient of the dental procedure and give dental health	None	Oral examination: 5 minutes	<i>Public Health Dentist</i> (City Health

	education. Perform necessary dental procedure on the patient	Php 250.00	Tooth Extraction: 30 minutes	Office RHU I-VI Dental Units)
		Php 300.00	Oral Prophylaxis: 30 minutes	
		Temporary Filling Php 200.00/ tooth	Restoration 40 minutes/ tooth	
		Permanent Filling Php 250.00/ tooth	Restoration 40 minutes/ tooth	
5. Wait for the dental procedure to be completed	5. Give post-operative dental instructions	None	5 minutes	<i>Public Health Dentist</i> (City Health Office RHU I-VI Dental Units)
6. Wait for the dental procedure to be completed	6. Give appropriate treatment and home instructions as necessary and assist the patient in signing the end-user form	None	5 minutes	<i>Dental Aide/</i> (City Health Office RHU I-VI/CMU)
<b>TOTAL:</b>		* no fees for indigent patients as certified by the CSWDO	30 minutes to 3 hours	



## 45. REQUEST FOR BLOOD PRODUCTS

The City Blood Program under the City Health Office is in-charge of the coordination and processing of blood requests to different partner Blood Bank in the city.

<b>Office or Division:</b>	City Health Office- City Population Office 2nd floor City Health Office Main Building, A. Consunji St., Brgy. Sto. Rosario, CSFP (beside City Hall)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Bonified resident of the City of San Fernando			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Copy of blood request		Patient's doctor or requesting facility		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present blood request	1. Validate blood request	None	1 minute	<i>Blood Program Coordinator</i> (City Health Office)
2. Client fills-out the blood request form	2. Assist the client	None	2 minutes	<i>Blood Program Coordinator</i> (City Health Office)
3. Client waits for the confirmation of the availability and approval of blood request	3. Forward blood request details to partner Blood Bank for confirmation, availability and approval of blood request	None	15 minutes	<i>Blood Program Coordinator</i> (City Health Office)
4. Listen to the Blood Program Coordinator for further instructions	4. Instruct the client to coordinate with partner blood bank or hospital laboratory/blood bank	None	2 minutes	<i>Blood Program Coordinator</i> (City Health Office)
<b>TOTAL:</b>		None	20 minutes	



## 46. AVAILMENT OF COVID-19 IMMUNIZATION SERVICES

The immunization program of the City Health Office ensures that all Fernandinos ages 5 years old and above are fully immunized with COVID-19 vaccines.

<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:</b>	All individuals 5 years old and above			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Client's 1 valid ID		Any government issued valid ID		
2. Informed Consent Form (1 original)		At the vaccination site		
3. Health Declaration Screening Form (1 original)		At the vaccination site		
4. Certification for COVID-19 Pediatric Vaccination (5-17 years old with comorbidities) (1 original)		Private or Government Physician		
5. Client's 1 valid ID, School ID, or Birth Certificate for Minor (1 original)		Any government issued valid ID (PSA)		
6. Authorization letter/Affidavit of Guardianship/Kinship if minor is accompanied by significant other		Parent, Attorney/Lawyer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present 1 valid ID and vaccination card	1.1 <b>NEW CLIENT</b> - check the client's valid ID and register to the CSFP- VIMS	None	2 minutes	<i>Covax Team- Registration Staff (City Health Office)</i>
	1.2 <b>OLD CLIENT</b> - check the client's valid ID and update the his/her record to the CSFP- VIMS	None	2 minutes	<i>Covax Team- Registration Staff (City Health Office)</i>

<p>2. Accomplish and sign the informed consent and health declaration screening form upon arrival to the facility</p>	<p>2.1 Receive and review the <b>SIGNED</b> informed consent and health declaration screening form  2.2 <b>5-17 years old vaccine-</b> ensure that the Parents/Guardian's Consent Form and Minor's Assent forms are signed</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Covax Team-Registration Staff</i> (City Health Office)</p>
<p>3. Client will answer the questions being asked by the screener</p>	<p>3.1 Examine and assess the client thru health history and vital signs taking  3.2 Carry out necessary medical disposition and referral if necessary</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Covax Team-Screening/Assessment Staff</i> (City Health Office)</p>
<p>4. Wait while the Midwife/Doctor/Nurse prepares the vaccine</p>	<p>4.1 Verify and check the client's valid ID  4.2 Prepare and accomplish the client's vaccination card  4.3 Prepare the correct vaccine and vaccine dose  4.4 State the name/vaccine brand to be administered  4.5 Administer the correct vaccine and vaccine dose following the 7 Rights of vaccine administration</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Covax Team-Vaccinator</i> (City Health Office)</p>
<p>5. Wait for further instructions and schedule of the next visit</p>	<p>5.1 Provide health teachings which includes the schedule of next visit, care of the injection site and its expected side effects  5.2 Issue the client's vaccination card</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Covax Team-Vaccinator</i> (City Health Office)</p>



6. Wait and rest for 15 minutes	6.1. Post vaccination vital signs and monitoring a. <b>WITH HISTORY OF ALLERGY</b> b. <b>WITHOUT HISTORY OF ALLERGY</b>	None	15 minutes  30 minutes	<i>Covax Team- Post Vaccination Staff</i> (City Health Office)
<b>TOTAL:</b>		None	28-43 minutes	



## 47. ISSUANCE OF COVID-19 VACCINE CERTIFICATE

The immunization program of the City Health Office is responsible for the encoding, uploading, and updating of the client's COVID-19 Vaccine Records at the VAS Line List Upload Tool.

<b>Office or Division:</b>	City Health Office- 1st floor, City Health Office Main Building, A. Consunji St. Brgy. Sto. Rosario, CSFP			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Any person/individual who was vaccinated in the vaccination sites of the City of San Fernando, Pampanga.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1.1 Client's 1 valid ID (1 original)		Any government issued valid ID		
1.2 Client's COVID-19 Vaccination Card/s (1 original)		COVID-19 Vaccination Site		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements to avail the service and register on the Vaxcert Logbook	1.1 Receive and review the valid ID and vaccination card/s	None	1 minute	<i>LGU Vaxcert Staff</i> (City Health Office)
2. Provide all necessary information needed by the LGU Vaxcert Staff	2. Check the clients record in VAS Linelist Upload Tool Website A. <b>NO RECORDS</b> - Upload the missing linelist/s of the client B. <b>IN CORRECT RECORD</b> - edit the necessary details for updating C. <b>UPDATE REQUEST STILL IN PROGRESS</b> -Close any pending request	None	5 minutes	<i>LGU Vaxcert Staff</i> (City Health Office)

3. Wait while the staff check the VaxcertPH website	3.1 Check the clients record in VaxcertPH Website 3.2 Download the Vaxcert and send to the clients respective email address	None	3 minutes	<i>LGU Vaxcert Staff (City Health Office)</i>
<b>TOTAL:</b>		None	9 minutes	



## 48. AVAILMENT OF DRUG DEPENDENCY ASSESSMENT

The Rural Health Units and Barangay Health Stations under the City Health Office ensure that individuals who are in need of Drug Dependency Evaluation will be assessed so as to determine the severity and nature of an individual's substance use disorder and recommend appropriate treatment regimen.

<b>Office or Division:</b>	City Health Office- Rural Health Units (RHU) RHU I (Dolores)- 2nd St. Looban, Brgy. Dolores, CSFP RHU II (Sindalan)- Gloria 1, Brgy. Sindalan, CSFP RHU III (San Nicolas)- Bulusan St., Brgy. San Nicolas, CSFP RHU IV (San Agustin)- Diretso St. Brgy. San Agustin, CSFP RHU V (Northville)- Northville 14, Phase 1, Brgy. Calulut, CSFP RHU VI (Super Health Center)- City Civic Center, Brgy. San Isidro, CSFP Barangay Health Stations in Barangays			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Client			
<b>Who may avail:</b>	Clients requiring Drug Dependency Evaluation			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Court Order requesting DDE duly signed by a judge and or court		At the respective Trial Court and/or Barangay Council requesting for Drug Dependency Evaluation (DDE) for those individuals who surrender themselves for assessment and rehabilitation		
2. Original Drug Test result		DOH accredited drug testing hospital or stand alone laboratories		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-up the DDE request form	1. Interview and assist the client in filling-up the DDE request form	None	2 minutes	Rural Health Midwife/Barangay Health Station Nurse/DDE Trained Personnel (CHO/RHU/BHS)
2. Allow the Health Care Provider to do initial assessment of the documents required	2. Get the DDE court order and original Drug Test Results before referral to the physician	None	2 minutes	Rural Health Midwife/Barangay Health Station Nurse/DDE Trained Personnel (CHO/RHU/BHS)

<p>3. Wait for the schedule of DDE</p> <p>NOTE: Schedule of DDE will be based on the availability of their Health Care Provider (within 24- 72 hours- Mondays to Fridays)</p>	<p>3. Schedule of the DDE will be provided by the attending health care worker</p> <p>NOTE: Schedule of DDE will be based on the availability of their Health Care Provider (within 24- 72 hours- Mondays to Fridays)</p>	None	2 minutes	<p><i>Rural Health Midwife/Barangay Health Station Nurse/DDE Trained Personnel (CHO/RHU/BHS)</i></p>
<p>4. Proceed to the health facility following the given schedule of Drug Dependency Evaluation</p>	<p>4. Conduct Drug Dependency Evaluation</p>	None	20 minutes	<p><i>Rural Health Midwife/Barangay Health Station Nurse/DDE Trained Personnel (CHO/RHU/BHS)</i></p>
<p>5. Listen to the instruction of the physician</p>	<p>5. Refer the results of the DDE to the physician</p>	None	10 minutes	<p><i>Rural Health Physician (CHO/RHU)</i></p>
<b>TOTAL:</b>		None	36 minutes	



## 49. SECURING OF PRE-MARRIAGE ORIENTATION AND COUNSELING SCHEDULE

The City Population Office under the City Health Office ensures the issuance of Pre-marriage Orientation and Counseling Certificate as part of the process and requirement in obtaining Marriage License.

<b>Office or Division:</b>	City Health Office- City Population Office 2nd floor City Health Office Main Building, A. Consunji St. Brgy. Sto. Rosario, CSFP (beside City Hall)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Residents who are 18 y/o and above- Pre-marriage Orientation Certificate Residents who are 18 y/o to 25 y/o- Pre-marriage Counselling Certificate			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Receipt of application for Marriage License (1 original)		City Treasurer's Office located at the City Hall (Window 37)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present receipt of Marriage License Application	1. Check receipt and check for the upcoming Pre-marriage Orientation and Counseling schedule	P150.00 (included in the payment for Marriage License application)	1 minute	City Population Office Staff (City Health Office)
2. Client fill-out pertinent information in the PMOC logbook	2. Assist the client.	None	2 minutes	City Population Office Staff (City Health Office)
3. Client listen to the instructions given by Population office staff	3. Hand over the Pre- marriage Orientation and Counseling Application form to the client, gives instructions on how to fill-out the form and provide details of the scheduled	None	2 minutes	City Population Office Staff (City Health Office/ CSWDO)

	orientation-counseling			
<b>TOTAL:</b>		None	5 minutes	