City Health Office

External Services

1. Availment of Central Laboratory Services

San Fernando Super Health Center - Central Laboratory under the City Health Office caters basic laboratory services for all Fernandinos, ensuring quality laboratory results.

Office or Division:	San Fernando Super Health Center (Rural Health Unit VI), City Civic Center, Barangay San Isidro, City of San Fernando, Pampanga
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Fernandinos

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Kayabe Card (1original)	Community Affairs Division located in the City Hall
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
3. Any government issued ID with City of San Fernando, Pampanga residence (1 original)	Issuing Government Office
4. Laboratory Request Form (1 original)	Barangay Health Station (BHS)/Rural Health Unit of the patient's permanent area of residence, City Medical Unit for City Employees

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Central Laboratory General Entry Logbook.	1. Give logbook to client.	None	5 minutes	*LIGAY, Michelle T./ DAVID, Jaynet A. (Laboratory Aides) (CHO)*
2. Submit the Laboratory Request to the Central Laboratory for verification *Make sure to secure the Order of	2. Receive the required documents and check for completeness of client data and issue the	None	10 minutes	*LIGAY, Michelle T./ DAVID, Jaynet A. (Laboratory Aides) (CHO)*

Payment that will be issued	Order of Payment if all requirements were given				
3. Pay the required fees at the City Treasury Office by showing the Order of Payment. *Make sure to secure Official Receipt that will be issued upon payment	3. Receive and check for completeness the required documents.	Complete Blood Count with Platelet Count	250	10 minutes	*CLIENT/ CASHIER at the Cashier's Satellite Office* *Gil P. Salvador, Cashier* *(City Treasurer's Office Satellite Office)*
		Blood Typing ABO/Rh	150		
		Fasting/ Random Blood Sugar (FBS/RBS)	150		
		Capillary Blood Glucose (CBG)	50		
		Glucose Tolerance Test (OGTT)	600		
		Lipid Profile (Triglycerides, HDL, LDL, Cholesterol)	500		
		Blood Chemistry (Lipid Profile, BUN, Creatinine, Blood Uric Acid)	800		
		SGOT	200		
		SGPT	200		
		Sodium	200		

		Potassium	200		
		Chloride	200		
		Urinalysis	60		
		Urine Pregnancy Test	120		
		Stool Analysis	60		
		Fecal Occult Blood Test	100		
		KOH stain	300		
		Wet Smear	250		
		Grams Stain	300		
		Pap Smear	350		
		HBsAg Screening Test	250		
		HIV Screening Test	Free c/o DOH		
		Syphilis Screening Test	250		
		Dengue Ns1 Antigen Test	850		
		COVID19 Antigen Test	500		
		TB (Direct Sputum Smear Microscopy)	Free c/o DOH NTP Program		
		TB (GeneXpert)	Free c/o DOH NTP Progra		

		m		
4. Collect and submit specimen for testing	4. Receive, Collect and process specimen	Complete Blood Count	4 hours	*BUNDALIAN, Joeam R./ DIZON, Gertrudes M./ TAGALICUD Cherry Ann G./ GONZALES, Maria Shienna N. PINEDA, Celia T., PUNO, Richard M., NULUD, Dena Marie Nicole M. (Medical Technologists) (CHO)*
		Platelet Count	4 hours	
		Blood Typing ABO/Rh	4 hours	
		Fasting/Random Blood Sugar (FBS/ RBS)	4 hours	
		Capillary Blood Glucose (CBG)	1 hour	
		Glucose Tolerance Test	4 hours	
		Lipid Profile (Triglycerides, HDL, LDL, Cholesterol)	4 hours	
		Blood Chemistry (Lipid Profile, BUN, Creatinine, Uric Acid)	4 hours	
		SGOT	4 hours	
		SGPT	4 hours	
		Sodium	4 hours	
		Potasium	4 hours	
		Chloride	4 hours	
		Urinalysis	4 hours	
		Rapid Pregnancy Test	4 hours	
		Stool Analysis	4 hours	
		Fecal Occult Blood Test	4 hours	
		KOH Stain	4 hours	
		Wet Smear	4 hours	
		Grams Stain	4 hours	
		Pap Smear	4 hours	
		HBsAg Screening Test	4 hours	
		HIV Screening Test	4 hours	
		Syphilis Screening Test	4 hours	
		Dengue Ns1 Antigen Test	4 hours	
		COVID19 Antigen Test	4 hours	
		TB (Direct Sputum Smear Microscopy)	3 working days	
		TB (GeneXpert)	3 working days	

5. Wait and claim laboratory results	5. Release laboratory results	None	5 minutes	*Laboratory Aides*
	TOTAL:	**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, 30 minutes to 3 working days	

2. Availment of Dental Services (Oral Examination)

The Dental Clinics of Rural Health Units under the City Health Office ensures optimal oral health among Fernandinos through education, disease prevention and dental health promotion.

Office or Division:	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 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General population whose present and permanent address are on the following barangays: RHU I (Dolores)- Dolores, Sto. Nino, Lourdes, Sto. Rosario, Sta. Teresita, Juliana, San Jose RHU II (Sindalan)- Baliti, Malino, Panipuan, Pulung Bulu, Sindalan, Telabastagan RHU III (San Nicolas)- Del Pilar, Pandaras, San Felipe, San Pedro, San Juan, Sta. Lucia, San Nicolas RHU IV (San Agustin)- Del Carmen, Maimpis, Magliman, Quebiawan, San Agustin RHU V (Northville)- Bulaon, Calulut, Malpitic RHU VI (Super Health Center)- San Isidro, Alasas, Del Rosario, Dela Paz Norte, Dela Paz Sur, Saguin, Lara

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Patients' Treatment Form (1 original)	At the respective Rural Health Station of the patient's present address
2. Must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture) **For minors**- guardian/parent must present a photocopy of any valid	Any government offices

government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture)				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Consult for dental services and present documents needed	1.1. Register the name of the patient, give queue number, take and record vital signs	None	5 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullet N.* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	1.2. Assess medical and dental history of the patient	None	10 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
2. Wait for the dental procedure to be completed	2.1. Perform oral examination and record procedure done	None	5 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
	2.2. Give appropriate treatment if necessary and home instructions			
3. Sign the end-user form	3. Assist the patient in signing the end-user form	None	2 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete N.* *TORIO, Mylene T.* *(CHO RHU I-VI)*
	TOTAL:	**None**	**22 minutes**	

3. Availment of Dental Services (Oral Prophylaxis)

The Dental Clinics of Rural Health Units under the City Health Office ensures that optimal oral health among Fernandinos through education, disease prevention and dental health promotion.

Office or Division:	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 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General population whose present and permanent address are on the following barangays: RHU I (Dolores)- Dolores, Sto. Nino, Lourdes, Sto. Rosario, Sta. Teresita, Juliana, San Jose RHU II (Sindalan)- Baliti, Malino, Panipuan, Pulung Bulu, Sindalan, Telabastagan RHU III (San Nicolas)- Del Pilar, Pandaras, San Felipe, San Pedro, San Juan, Sta. Lucia, San Nicolas RHU IV (San Agustin)- Del Carmen, Maimpis, Magliman, Quebiawan, San Agustin RHU V (Northville)- Bulaon, Calulut, Malpitic RHU VI (Super Health Center)- San Isidro, Alasas, Del Rosario, Dela Paz Norte, Dela Paz Sur, Saguin, Lara

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Patients' Treatment Form (1 original)	At the respective Rural Health Station of the patient's present address
2. Must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture) **For minors**- guardian/parent must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture)	Any government offices

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult for dental services and present documents needed	1.1. Register the name of the patient, give queue number, take and record vital signs	None	5 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	1.2. Assess medical and dental history of the patient	None	10 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
2. Wait for the dental procedure to be completed	2.1. Perform oral prophylaxis and give appropriate treatment if necessary (fluoride application)	None	35 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
	2.2. Home instructions and record procedure done			
3. Sign the end-user form	3. Assist the patient in signing the end-user form	None	2 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	TOTAL:	**None**	**52 minutes**	

4. Availment of Dental Services (Restoration/Fits and Fissure Sealant)

The Dental Clinics of Rural Health Units under the City Health Office ensures optimal oral health among Fernandinos through education, disease prevention and dental health promotion.

Office or Division:	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 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General population whose present and permanent address are on the following barangays: RHU I (Dolores)- Dolores, Sto. Nino, Lourdes, Sto. Rosario, Sta. Teresita, Juliana, San Jose RHU II (Sindalan)- Baliti, Malino, Panipuan, Pulung Bulu, Sindalan, Telabastagan RHU III (San Nicolas)- Del Pilar, Pandaras, San Felipe, San Pedro, San Juan, Sta. Lucia, San Nicolas RHU IV (San Agustin)- Del Carmen, Maimpis, Magliman, Quebiawan, San Agustin RHU V (Northville)- Bulaon, Calulut, Malpitic RHU VI (Super Health Center)- San Isidro, Alasas, Del Rosario, Dela Paz Norte, Dela Paz Sur, Saguin, Lara

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Patients' Treatment Form (1 original)	At the respective Rural Health Station of the patient's present address
2. Must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture)	Any government offices

For minors- guardian/parent must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture)				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Consult for dental services and present documents needed	1.1. Register the name of the patient, give queue number, take and record vital signs	None	5 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	1.2. Assess medical and dental history of the patient	None	10 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
2. Wait for the dental procedure to be completed	2.1. Perform restoration and record procedure done	None	45 minutes per tooth	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
	2.2. Give appropriate treatment if necessary and home instructions			
3. Sign the end-user form	3. Assist the patient in signing the end-user form	None	2 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	TOTAL:	**None**	**1 hours and 2 minutes**	

*** Note:** Actual time may vary depending on how many teeth to be restored.

5. Availment of Dental Services (Tooth Extraction)

The Dental Clinics of Rural Health Units under the City Health Office ensures optimal oral health among Fernandinos through education, disease prevention and dental health promotion.

Office or Division:	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 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General population whose present and permanent address are on the following barangays: RHU I (Dolores)- Dolores, Sto. Nino, Lourdes, Sto. Rosario, Sta. Teresita, Juliana, San Jose RHU II (Sindalan)- Baliti, Malino, Panipuan, Pulung Bulu, Sindalan, Telabastagan RHU III (San Nicolas)- Del Pilar, Pandaras, San Felipe, San Pedro, San Juan, Sta. Lucia, San Nicolas RHU IV (San Agustin)- Del Carmen, Maimpis, Magliman, Quebiawan, San Agustin RHU V (Northville)- Bulaon, Calulut, Malpitic RHU VI (Super Health Center)- San Isidro, Alasas, Del Rosario, Dela Paz Norte, Dela Paz Sur, Saguin, Lara

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Patients' Treatment Form (1 original)	At the respective Rural Health Station of the patient's present address
2. Must present a photocopy of any valid government issued I.D. (I.D. should have Name, Address, Birthday, Signature and picture) **For minors**- guardian/parent must present a photocopy of any valid government issued I.D. (I.D. should	Any government offices

have Name, Address, Birthday, Signature and picture)				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Consult for dental services and present documents needed	1.1. Register the name of the patient, give queue number, take and record vital signs	None	5 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	1.2. Assess medical and dental history of the patient	None	10 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
2. Wait for the dental procedure to be completed	2.1. Perform tooth extraction and record procedure done	None	5 minutes	*MENDOZA, Francis D.* *LUMBA, Leila L* *IGNACIO, Pleiades L.* *SASON, Lady G.* *LACSON, Rachelle A.* *(Public Health Dentist)* *(CHO RHU I-VI)*
	2.2. Give appropriate treatment if necessary and home instructions			
3. Sign the end-user form	3. Assist the patient in signing the end-user form	None	2 minutes	*BERNARTE, Mylan S.* *YUMUL, Pilar L.* *TALENS, Aiko D.* *DAVID, Rosela G.* *MILANES, Marianne Lullete* *TORIO, Mylene T.* *(Dental Aides)* *(CHO RHU I-VI)*
	TOTAL:	**None**	**22 minutes**	

6. Availment of Drug Dependency Assessment

Is an initiative specifically designed to assess whether an individual is struggling with substance use or addiction and determine the appropriate course of treatment.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Clients requiring Drug Dependency Evaluation (DDE)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Court order requesting DDE duly signed by a judge and/or by the court's authorized representative	At the respective Trial Court and/or Barangay Council requesting Drug Dependency Evaluation for those individuals who have self-surrender to undergo Drug Dependency Evaluation
2. Original drug test result	DOH accredited drug testing hospital or stand-alone laboratories

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill-out the Drug Dependency Evaluation (DDE) request form	1. Interview and assist the client in answering the DDE request form	None	2 minutes	*RHU/BHS/Nurse/ Midwife (CHO RHU I-VI, 46 BHSes) please refer to Annex A*
2. Allow the Health Care Provider to do initial assessment of the required documents	2. Get the DDE court order and original drug test results before referring to the physician	None	2 minutes	*RHU/BHS/Nurse/ Midwife (CHO RHU I-VI, 46 BHSes) please refer to Annex A*

3. Wait for the schedule of DDE	3. Inform the client of the schedule of DDE	None	2 minutes	*RHU/BHS/Nurse/ Midwife (CHO RHU I-VI, 46 BHSes) please refer to Annex A*
4. Proceed to the health facility on the scheduled date of DDE and answer the questions of the health care provider	4. Conduct of Drug Dependency Evaluation	None	20 minutes	*RHU/BHS/Nurse/ Midwife (CHO RHU I-VI, 46 BHSes) please refer to Annex A*
	TOTAL:	**None**	**26 minutes**	

*** Note:** Schedule of DDE will vary based on the availability of the Health Care Provider (within 24-72 hours, Monday to Thursday)

7. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Fernandinos (exclusively vested among the bonafide residents of the City of San Fernando, Pampanga are qualified to avail of the facility's burial services) Resided in the City of San Fernando, Pampanga for at least six (6) months as evidenced by the issued barangay certificate of residency from the Barangay Chairman where the beneficiary has resided during his/her lifetime.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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. Voter’s 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)
5. Assessment report (medical/financial form) (1 original)	City Mayor's Office/City Social Welfare Development Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present all the requirements	1. Receive application form for the above-ground niche/interment and all requirements for the application for leasing of niche/interment	None	3 minutes	*Sanitation Inspector/ Administrative Aide (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	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
	* Five-year Lease on single niche *Maintenance fee	Php 5,000.00 as per Ordinance * if indigent, no fees once certified by CSWDO Php 500.00	3 minutes	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
	* 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 City Treasurer's Office	* if indigent, no fees once certified by CSWDO	3 minutes	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*

	2.4. Prepare lease agreement (Contract of Lease) for the above-ground niche and the Field Order Slip	None	3 minutes	*Sanitation Inspector/ Administrative Aide (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	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
	TOTAL:	**Php 5,500.00**	**18 minutes**	

8. Availment of HIV Testing and Counselling

The HUG (Health, Understanding and Growth) Center of the City Health Office is a facility that offers free HIV testing and counselling, Pre-exposure Prophylaxis (PrEP), condoms and lubricants, and Anti-retroviral Therapy (ART) management to help alleviate the HIV situation in the region.

Office or Division:	HUG (Health, Understanding and Growth) Center
Classification:	Simple
Type of Transaction:	G2C- Government to Government
Who may avail:	General Population

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Government Issued ID/Any Valid ID	Client
2. Referral/Request Form	RHUs and other HIV facilities

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the requirements	1. Validate the requirements	None	1 minute	*Maebel M. Reyes (Lab Aide) (City Health Office)*
2. Secure HTS form	2. Record client's data in the registration logbook	None	2 minutes	*Maebel M. Reyes (Lab Aide) (City Health Office)*
3. Fill-out HTS form for HIV testing	3. Review client's data and provide pre-test counselling	None	20 minutes	*Maebel M. Reyes (Lab Aide) Razel Ann S. Moreño (HACT Nurse) Ma. Nesda P. Briones (Medtech) (City Health Office)*
4. Prepare for HIV testing	4. Provide HIV testing aseptically	None	20 minutes	*Razel Ann S. Moreño (HACT Nurse) Ma. Nesda P. Briones (Medtech) (City Health Office)*
5. Client will wait for the results	5. Conduct post-test counselling (releasing of results) For reactive clients >Refer to the HACT physician > Specimen will be sent out for confirmatory testing, baseline laboratory	None	1 hour	*Krisette Arah F. David (HACT Physician) Razel Ann S. Moreño (HACT Nurse) Ma. Nesda P. Briones (Medtech) (City Health Office)* *Maebel M. Reyes (Lab Aide)*

	testing, gene Xpert, chest Xray and provide in-depth counselling For non-reactive clients >The client will be advised to maintain non-reactive status by offering condom, lubricants and pre-exposure prophylaxis (PrEP) and provide health education			*(City Health Office)* *Maebel M. Reyes* *(Lab Aide)* *Razel Ann S. Moreño* *(HACT Nurse)* *Ma. Nesda P. Briones* *(Medtech)* *(City Health Office)* *Razel Ann S. Moreño* *(HACT Nurse)* *Ma. Nesda P. Briones* *(Medtech)* *(City Health Office)* *Krisette Arah F. David* *(HACT Physician)* *Razel Ann S. Moreño* *(HACT Nurse)* *Ma. Nesda P. Briones* *(Medtech)* *(City Health Office)*
6. Client will sign the end-user form	6. Inform the client to come back when the confirmatory result is available	None	2 minutes	*Razel Ann S. Moreño* *(HACT Nurse)* *Ma. Nesda P. Briones* *(Medtech)* *(City Health Office)*
	TOTAL:	None	1 hour and 45 minutes	

9. Availment of Medicines

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

Office or Division:	City Health Office- Central Pharmacy
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Fernandinos

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Kayabe Card (1 original)	Office of the Community Affairs located at the City Hall
2. Senior Citizen's Card (1 original) for patients 60 years old and above	Office for Senior Citizens Affairs (OSCA) located at the Heroes Hall
3. Any government issued ID with City of San Fernando, Pampanga residence (1 original)	Issuing Government Office
4. Barangay Certificate (1 original)	Barangay Hall of Residence
5. Voter's Certification or Voter's ID (1 original) - proof that the patient or client is a CSFP voter	COMELEC located at Heroes Hall
6. Updated Prescription (1 original)	At the respective Barangay Health Station of the patients permanent area of residence; private doctor

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Kayabe Card, Senior Citizen's Card, any government issued ID, Barangay Certificate, Voter's ID or Voter's Certification	1. Check identification and proof of residency	None	1 minute	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*
2. Present latest prescription duly signed by the attending physician	2. Check the authenticity of the prescription	None	1 minute	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*

3. Wait while the staff check the availability of medicine(s)	3. Check availability of medicine(s)	None	2 minutes	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-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 on the End User	None	5 minutes	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*
5. If the medicine(s) is/are not available, retrieve the prescription or referral form	5. Return the prescription to the patient or representative	None	1 minute	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*
6. Wait while the pharmacy personnel prepare the medicines	6. Double check the medicine(s) to be given to the patient	None	2 minutes	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*
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 on the End User	None	2 minutes	*Cielo Mae Gerard S. Salonga/ Cynthia S. Palma (Pharmacy Section-City Health Office)*
	TOTAL:	**None**	**14 minutes**	

10. Availment of Post Exposure Prophylaxis/ Anti-Rabies Vaccine

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

Office or Division:	City Health Office- Animal Bite Treatment Center
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Fernandino Animal Bite Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any of the following proof of residency, identification card, and item no. 2:	
1. Voter's ID or Certification (original or photocopy) or Verification form	Commission on Elections Office located at the City Hall
2. Senior Citizen ID	Office of the Senior Citizens Affairs located at the City Hall lobby
3. PWD ID	City Social Welfare Office located at the old City College Building, Heroes Hall, CSFP
4. Kayabe Card	Office of the Community Affairs located at the City Hall
5. Any government issued ID with City of San Fernando, Pampanga residence	Issuing Government Office
6. Record of previous history of Post Exposure Prophylaxis (if applicable)	Animal Bite Treatment Center (previous history of vaccination)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the requirements to avail the service and log in the patient's logbook provided	1.1. Receive and review the requirements	None	2 minutes	*Ma. Cristina C. Batac/ Hazel Ann D. Guevarra/ Carlan L. Salazar (ABTC-City Health Office)*
	1.2. Examine and assess animal bite patient	None	2 minutes	*Dr. Sonny G. Branzuela/ Ma. Cristina C. Batac/ Hazel Ann D. Guevarra (ABTC-City Health Office)*

2. Provide all necessary information needed by the ABTC Nurse	2.1. Register patient on the NRPCP Rabies Exposure Registry	None	2 minutes	*Ma. Cristina C. Batac/ Hazel Ann D. Guevarra/ Carlan L. Salazar (ABTC-City Health Office)*
	2.2. Prepare Post Exposure Prophylaxis Card	None	2 minutes	*Ma. Cristina C. Batac/ Hazel Ann D. Guevarra (ABTC-City Health Office)*
3. Wait while the Nurse prepares the vaccine	3. Prepare and administer the vaccine	None	3 minutes	*Dr. Sonny G. Branzuela/ Ma. Cristina C. Batac/ Hazel Ann D. Guevarra (ABTC-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	*Ma. Cristina C. Batac/ Hazel Ann D. Guevarra (ABTC-City Health Office)*
	TOTAL:	**None**	**13 minutes**	

*** Note:** 2 doses free for registered Fernandinos; booster doses are not given free.

11. Ambulance Request (Home to Hospital)

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

Office or Division:	City Health Office- Health Emergency Management Staff (HEMS) Unit
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Fernandinos

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Ambulance Request Form	City Administrator's Office
2. Current hospital records (Medical certificate/ Clinical Abstract/Discharge Summary/Letter of Appointment	Hospital/Clinic

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client fills out the ambulance request form	1. Assist the client in filling out the request form at the City Administrator's Office	None	5 minutes	*Amalia Catacutan/ Myla Salvador*
2. Client will bring the request form to the HEMS Office, Heroes Hall, CSFP	2. Person responsible will receive and review the submitted documents	None	2 minutes	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty (Refer to Annex B)*
3. Wait while the staff verify the requirements and answer the questions of the HEMS personnel	3. HEMS Personnel conduct an interview with the requesting individual	None	8 minutes	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty (Refer to Annex B)*
4. Wait for a text message or call from the HEMS personnel regarding the request	4.1 Assess the condition of the patient, determine if the patient is safe to travel and confirm the appointment to the receiving facility prior to transfer	None	10 minutes to 1 hour **depending on the availability of the Nurse or Doctor on Duty of the receiving hospital/facility **	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty (Refer to Annex B)*

	4.2 Refer the client to HEMS Medical Coordinator/City Health Officer for approval	None	5 minutes	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty (Refer to Annex B)*
	4.3. HEMS Medical Coordinator/City Health Officer decides if the request is approved/ disapproved	None	2 Minutes	*Dr. Rowena L. Salas/ Dr, Ann Alexys F. Vergara*
	4.4. Inform the requesting client about the status of the request (approved or disapproved) and coordinate the details of the request	None	3 minutes	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty(Refer to Annex B)*
	4.5 If approved, HEMS personnel will bring the request to the City Administrator's Office for signature and filing.	None	2 minutes	*Rachel Anne A. Viray/Juanito M. Canlas Jr./ Team on Duty (Refer to Annex B)*
	TOTAL:	**None**	**1 hour and 30 minutes** * depending on the location of the patient	

*** Note:** Actual time may vary depending on the traffic situation, severity of the case, and distance from home to the hospital of choice.

12. Availment of Reproductive Health and Wellness Clinic Services

The Reproductive Health and Wellness Clinic under the City Health Office is bound to deliver quality, accessible and sustainable reproductive health care health services to Fernandinos.

Office or Division:	City Health Office- Reproductive Health and Wellness Clinic (Social Hygiene Clinic)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Entertainment Establishment Workers in the City of San Fernando/ All Fernandinos

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Health Certificate (Pink card) (1 original)	City Health Office- Reproductive Health and Wellness Clinic (Social Hygiene Clinic)
2. Official Receipt (1 original)	City Health Office- Reproductive Health and Wellness Clinic (Social Hygiene Clinic) Cashier
3. RHU/BHS referral slip (1 original for RHU clients)	RHUs/BHSes of the City of San Fernando Pampanga

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay smear fees at the cashier	1. Issue the official receipt	Php 50.00	1 minute	*Local Revenue Collecting Officer* (City Health Office)
2. Client will present the official receipt and issued Health Certificate (Pink Card) to SHC personnel and claim the numbered slides	2. Record pertinent information of the client in the smear logbook and yellow card, update the pink card, prepare the slides and instruct the client to proceed to the examination room	None	5 minutes	*Laboratory Aide II* (City Health Office)

3. Client hand over the slides and follow the instruction of the SHC nurse	3. Conduct physical examination, prepare client for smearing, perform smear procedure and inform the client on the next schedule of visit	None	10 minutes	*Nurse I* (City Health Office)
4. Client will proceed to the extraction area for blood testing procedures	4. Conduct laboratory procedures	None	Gram staining: 1hour HIV:2hours Hepa B:1hour Syphilis:1hour	*Medical Technologist II* (City Health Office)
5. Client listens about health management and further instructions	5. Inform the client on the result and provide health teachings/ counseling, treatment or refer as necessary	None	5 minutes	*Nurse I* (City Health Office)
6. Designated Floor Managers will claim the Health Certificates (Pink cards)	6. Release Health Certificates (Pink Card) to Floor Managers every Monday to Thursday, 4PM-7PM	None	3 minutes	*Laboratory Aide II* (City Health Office)
	TOTAL:	**Php 50.00**	**2 hours and 24 minutes**	

13. Ambulance Request (Hospital to Home)

The Health Emergency Management Staff (HEMS) Unit of the City Health Office provide assistance on the transfer of patients from Hospital to Home.

Office or Division:	City Health Office- Health Emergency Management Staff (HEMS) Unit			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All Fernandinos			
	CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**		
	1. Ambulance Request (Patient Transfer)	City Administrator's Office		
	2. Current hospital records (Medical certificate/ Clinical Abstract/Discharge Summary/Letter of Appointment	Hospital/Clinic		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client fills out the ambulance request form	1. Assist the client in filling out the request form at the City Administrator's Office	None	5 minutes	*Myla Salvador/ Amalia Catacutan*
2. Client will bring the request form to the HEMS Office, Heroes Hall, CSFP	2. Person responsible receives and reviews the submitted documents	None	2 Minutes	*Rachel Anne A. Viray/ Juanito M. Canlas Jr./ Team Leader on Duty*

3. Wait while the staff verify the requirements and answer the questions of the HEMS personnel	3. HEMS personnel conduct an interview with the requesting individual.	None	8 minutes	*Rachel Anne A. Viray/ Juanito M. Canlas Jr./ Team Leader on Duty*
4. Wait for a text message or call from the HEMS personnel regarding the request	4.1 Assess the condition of the it patient, determine if the patient is safe to travel and confirm if the patient is for discharge prior to transfer	None	10 minutes to 1 hour **depending on the availability of the Nurse or Doctor on Duty**	*Rachel Anne A. Viray/ Juanito M. Canlas Jr./ Team Leader on Duty*
	4.2 Refer the client to HEMS Medical Coordinator/City Health Officer for approval	None	5 minutes	*Rachel Anne A. Viray/ Juanito M. Canlas Jr./ Team Leader on Duty*
	4.3. HEMS Medical Coordinator/City Health Officer decides if the request is approved/ disapproved	None	2 minutes	*Dr. Rowena L. Salas/ Dr, Ann Alexys F. Vergara*
	4.4. Inform the requesting client about the status of the request (approved or disapproved) and coordinate the details of the request	None	3 minutes	*Rachel Anne A. Viray/ Juanito M. Canlas Jr./ Team Leader on Duty*
	4.5 If approved, HEMS personnel will bring the request to the City Administrator's Office for approval and filing.	**None**	**2 minutes**	*HEMS Nurse Coordinator/ Team Leader on Duty*
	TOTAL:	**None**	**1 hour and 30 minutes** * depending on the location of the patient	

*** Note:** Actual time may vary depending on the traffic situation, severity of the case, and distance from hospital to home.

14. Anti-retroviral Therapy (ART) Enrollment

The HUG (Health, Understanding and Growth) Center of the City Health Office is a facility that offers free HIV testing and counselling, Pre-exposure Prophylaxis (PrEP), condoms and lubricants, and Anti-retroviral Therapy (ART) management to help alleviate the HIV situation in the region.

Office or Division:	HUG (Health, Understanding and Growth) Center
Classification:	Simple
Type of Transaction:	G2C- Government to Government
Who may avail:	People Living with HIV (PLHIV)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Government Issued ID/Any Valid ID	Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid ID for confirmation of identity	Refer the patient to HACT physician for ART management	None	5 minutes	*Razel Ann S. Moreño (HACT Nurse) (City Health Office)*
2. Prepare for physical examination	Do physical examination	None	10 minutes	*Krisette Arah F. David (HACT Physician) (City Health Office)*
3. Wait for ART enrollment	Enroll the patient for ART and provide psychological support >Dispense medicines >Advise to come back after 1 week for follow-up check-up >Enroll to Philhealth for OHAT package	None	1 hour	*Krisette Arah F. David (HACT Physician) Razel Ann S. Moreño (HACT Nurse) (City Health Office)*
	TOTAL:	None	1 hour and 15 minutes	

15.Anti-Tuberculosis Services (GeneXpert/Sputum Examination)

Is a public health initiative specifically designed to have a key diagnostic procedure to identify Tuberculosis in individuals suspected of having the disease.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All individuals with presumptive signs and symptoms of Tuberculosis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Original Chest x-ray result (if any)	Any laboratory and diagnostic facility
2. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Passport	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Department of Foreign Affairs

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors 2. Log-in via patient log sheet and present requirements to the officer-in-charge	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PITR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed 2. Determine if the patient has signs and symptoms of presumptive Tuberculosis through history taking, physical assessment and prepare initial treatment record.	None	7 minutes	*RHU/BHS Midwife/Nurse (CHO- RHU I-VI, 46 BHSes)please refer to Annex A*
3. Secure Laboratory Request Form (Form 2A)	3. Fill-out Form 2A, give specimen bottle and instruct the patient to proceed to the Rural Health Unit on a specified schedule. Educate patient on proper sputum collection, duration and number of sputum specimens to be submitted. Coordinate with the patient once result is released.	None	10 minutes *Sputum result: 1-3 days	*RHU/BHS Midwife/Nurse (CHO- RHU I-VI, 46 BHSes)please refer to Annex A*
TOTAL:		**None**	**1-3 days and 17 minutes**	

16. Basic Immunization Services

Is a series of public health-related initiatives specifically designed to protect the eligible population against the various vaccine preventable diseases.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Shall apply to all infants and children ages 0-59 months old

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Immunization record 2. Parent(s) or Legal Guardian	Hospital or Birthing/other health facilities where the mother gave birth or where the child received previous immunizations if applicable.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client/Parent/Guardian shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and	None	*7 minutes*	*Barangay Health Worker/sss RHU/BHS Midwife/Nurse (CHO- RHU I-VI/ 46 BHSes)please refer to Annex A*

2. Mother/guardian seek for basic immunization services at the Rural Health Unit/Barangay Health Station	ekas/epress if needed 2.1. Register the child/client's information at the consultation log sheet, secure vaccination consent from the representative and give queue number.			
	2.2. Register the infant or child in the Target Client List for Immunization and issue an immunization card.	None	5 minutes	
3. Allow the health worker to conduct health assessment to the infant or child	3.1. Check and record the vital signs and anthropometric measurements of the infant or child. 3.2. Provide health teachings to the representative about the vaccine(s) to be administered.	None	10 minutes	*RHU/BHS Midwife/Nurse/BHWs (CHO- RHU I-VI/ 46 BHSes)please refer to Annex A*

4. Allow the Health Worker to vaccinate the infant or child and listen attentively to the instruction of the health worker	4.1. Administer the intended vaccine(s) and explain possible side effects, provide after-care teachings, update the immunization record and inform the mother/guardian for the next visit if applicable. 4.2. If the infant or child is not well during the visit: the staff shall render out-patient consultation services and inform the mother/guardian for the next schedule of immunization.	None None	15 minutes 5 minutes	*RHU/BHS Midwife/Nurse (CHO- RHU I-VI/ 46 BHSes)please refer to Annex A*
	TOTAL:	**None**	**42 minutes**	

17. 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 people.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of the deceased only

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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 45)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
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	3 minutes	*Jayson O. Tabaco/ Cindy Fe T. Santos City Health Office-Issuance of Death Certificate*
2. Go to the City Treasurer's Office (Window 37) for the payment	2. Wait until the client returns the copy of official receipt from the City Treasurer's Office	PHP 200.00	5 minutes	*Local Revenue Collection Officer* *City Treasurer's Office-License and Permit Division*
3. Wait for the processing of the permit	3. Prepare and issue the permit	None	2 minutes	*Jayson O. Tabaco/ Cindy Fe T. Santos City Health Office-Issuance of Death Certificate*
	TOTAL:	PHP 200.00	10 minutes	

18. Drug Susceptible Anti-Tuberculosis Services (Enrollment)

A public health initiative specifically designed to register and provide treatment to individuals diagnosed with Drug-Susceptible Tuberculosis to ensure they receive the necessary care, medication and follow-up.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All individuals diagnosed with Drug-Susceptible Tuberculosis.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Individual Treatment Record (1 original)	Barangay Health Station of the patient's present address
2. Gene Xpert or Sputum Microscopy result and/or Chest x-ray result (1 original preferably with chest x-ray plate)	Any TB DOTS licensed/accredited health facility (for sputum) Any laboratory and diagnostic facility (for x-ray)
3.Original Referral letter/form for TB enrollment/continuation of treatment/Prescription (if any)	Any private and public hospitals/clinics
4. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure all laboratory and diagnostic results, Individual Treatment Record, Prescription and referral slip from private and public hospital/ clinic/other health facilities	1. Review for the completeness of baseline data.	None	3 minutes	*Public Health Nurse/ Rural Health Physician (RHU I-VI) please refer to Annex A*
2. Response attentively and take medications	2. Enroll the patient based on the National Tuberculosis Program, gather pertinent data, contact tracing, conduct health education regarding treatment and HIV screening	None	30 minutes	*Public Health Nurses/ Alternate (RHU I-VI) please refer to Annex A*
3. Listen attentively and ask questions if some instructions are not clear	3. Inform the patient where to get his/her succeeding daily dose of anti-tuberculosis drugs, proper way, handling, storage and frequency of medicine intake, explanation of side effects, issuance of TB booklet and schedule of sputum follow-up.	None	10 minutes	*Public Health Nurses/ Alternate (RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**43 minutes**	

19. Drug-Resistance Anti-Tuberculosis Services (Enrollment)

A public health initiative specifically designed to register and provide treatment to individuals diagnosed with Drug-Resistance Tuberculosis to ensure they receive the necessary care, medication and follow-up.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All individuals diagnosed with Drug-Resistance Tuberculosis

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Individual Treatment Record (1 original)	Barangay Health Station of the patient's present address
2. Gene Xpert results and/or Chest x-ray result (1 original preferably with chest x-ray plate)	Any TB DOTS licensed/accredited health facility (for sputum) Any laboratory and diagnostic facility (for x-ray)
3.Original Referral letter/form for TB enrollment/continuation of treatment/Prescription (if any)	Any private and public hospitals/clinics
4. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office

Senior Citizen ID		Office of the Senior Citizens Affair		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Secure Gene Xpert results, Individual Treatment Record (initial), and/or referral slip from private and public hospital/ clinic/other health facilities	1. Review for the completeness of baseline data.	None	3 minutes	*Public Health Nurse/ Rural Health Physician (RHU I-VI) please refer to Annex A*
2. Response attentively to the health care worker	2.1. Let the patient sign the contract, Enroll, screen the patient based on DR-TB guidelines, gather pertinent data including contact tracing. 2.2. Conduct physical and psychological examination, health education regarding treatment. 3.3. Refer patient for baseline examination for: Clinical Evaluation, Bacteriological tests, Diagnostics tests, Blood chemistry/Hematology/Immunologic test.	None None	30 minutes 1 week	*Public Health Nurse/ Rural Health Physician (RHU I-VI) please refer to Annex A*
3. Listen attentively and ask questions if some instructions are not clear	3. Inform the patient where to get his/her succeeding daily dose of anti-tuberculosis drugs, proper way, handling, storage and frequency of medicine intake, explanation	None	10 minutes	*Public Health Nurse/ Rural Health Physician (RHU I-VI) please refer to Annex A*

	and management of side or adverse effects, issuance of TB booklet, routine and post treatment monitoring and examination and schedule of sputum follow-up.			
	TOTAL:	**None**	**7 days and 43 minutes**	

20. Family Planning Service/s

A series of public health-related initiatives specifically designed to cater reproductive health-related programs and make informed choices that are reliable, available and accessible in the community.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Shall apply to all eligible women of reproductive age and all men who have been deemed recognize the need for reproductive health services.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For minors – they shall be accompanied by their parent(s) or legal guardian(s)	
For adults – N/A	
Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture)	
Voter's I.D.	Commission on Elections
National ID	Philippine Statistics Authority
Unified Multi-Purpose Identification (UMID)	Social Security System
Social Security System I.D.	Government Services Insurance System
Postal I.D.	Philippine Postal Corporation
Tax Identification Number (TIN) I.D.	Bureau of Internal Revenue
Professional Regulation Commission (PRC) I.D.	Professional Regulation Commission
Driver's license	Land Transportation Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors 2. Client(s) query about Family Planning-related services	1.1 Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed 2.1. Interview and assist the client in filling-out the Family Planning Form (*for new client).* 2.2. Retrieve client's Family Planning record(s) (for existing client).	None	15 minutes	*RHU/BHS/ Midwife/Nurse/ BHWs (CHO- RHU I-VI / 46 BHSes) please refer to Annex A*

2. Allow the health worker to take vital signs and conduct health teachings/information dissemination	2.1. Conduct physical examination, introduce and discuss available Family Planning services *(for new client).* 2.2. Conduct physical examination, administer or give Family Planning commodity/services *(for existing client).*	None	15 minutes	*RHU/BHS/ Midwife/Nurse/ BHWs (CHO- RHU I-VI / 46 BHSes) please refer to Annex A*
3. Choose modern family planning method	3. Provide counseling, give or administer the chosen Family Planning method, provide after-care teachings/instructions or refer to other health facility if deemed necessary.	None	10 minutes	*RHU/BHS/ Midwife/Nurse/ BHWs (CHO- RHU I-VI / 46 BHSes) please refer to Annex A*
	TOTAL:	**None**	**40 minutes**	

*** Note:** For sub-dermal implants, client shall wait for the next schedule date of implant.

21. Follow-up check-up for enrolled patients on ART

The HUG (Health, Understanding and Growth) Center of the City Health Office is a facility that offers free HIV testing and counselling, Pre-exposure Prophylaxis (PrEP), condoms and lubricants, and Anti-retroviral Therapy (ART) management to help alleviate the HIV situation in the region.

Office or Division:	**HUG (Health, Understanding and Growth) Center**
Classification:	**Simple**
Type of Transaction:	**G2C- Government to Government**
Who may avail:	**People Living with HIV (PLHIV)**

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. ART booklet	Client

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present ART booklet	Assess patient's condition (refer to HACT physician if necessary)	None	10 minutes	*Razel Ann S. Moreño (HACT Nurse) (City Health Office)*
2. Patient will wait for further instructions	Instruct the patient to proceed in the pharmacy for dispensing of medicines	None	10 minutes	*Razel Ann S. Moreño (HACT Nurse) (City Health Office)*
3. Patient will proceed to the pharmacy	Dispense all prescribed medicines and log in the ART booklet	None	10 minutes	*Nemiah M. Pineda HACT Pharmacist (City Health Office)*
TOTAL:		None	30 minutes	

22. 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.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Any person/individual who was vaccinated in the registered vaccination sites of the City of San Fernando, Pampanga.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Client's valid government issued ID (1 original) • Philippine Passport	Department of Foreign Affairs (DFA) Regional Office
• Philippine Driver's License	Land Transportation Office (LTO)
• Unified Multi-Purpose ID (UMID)	Social Security System (SSS), Government Service Insurance System (GSIS)
• Philhealth ID	Philhealth Local Insurance Office
• Tax Identification Number Card (TIN)	Bureau of Internal Revenue (BIR)
• Postal ID	Philippine Postal Office (Philpost)
• Voter's ID/ Certification	Commission on Election (COMELEC)
• Senior Citizen ID	Office of the Senior Citizens Affair (OSCA)
• Professional Identification Card (PRC)	Professional Regulations Commission (PRC) Regional Office
• Philippine National ID	Philippine Statistics Authority (PSA)
• Current School ID and/or Certificate of Registration with picture	Present School attended
• Barangay Certification with picture	Barangay Hall of residence
1.1. Clients Covid-19 Vaccination Card/s (Original Card)	CSFP-City Health Office, Registered/Recognized Vaccination Centers of the CSFP
ADDITIONAL REQUIREMENTS IF WITH REPRESENTATIVE • Authorization letter from the requesting vaccinee (1 original printed) • Valid government issued ID (1 original)	Requesting vaccinee

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register on the Vaxcert Logsheet and present the requirements to avail the service.	1. Receive and review the valid ID and vaccination card/s, (authorization letter if applicable).	None	1 minute	*Hazel Ann D. Guevarra/ Jieanne S. Navarro/ Francis Gerard S. Castaneda (City Health Office)*
2. Wait for the validation of records and provide all necessary information needed by the LGU Vaxcert Staff.	2. Check the clients record in (VAS) Linelist Upload Tool Website. 2.1. Check the clients record in *vaxcert.doh.gov.ph* 2.2. Download the digital vaccine certificate for record keeping.	None	6 minutes	*Hazel Ann D. Guevarra/ Jieanne S. Navarro/ Francis Gerard S. Castaneda (City Health Office)*
3.Check and receive copy of the official certificate via email address.	3. Issue the certificate / vaccination records by sending official copy via email address.	None	3 minutes	*Hazel Ann D. Guevarra/ Jieanne S. Navarro/ Francis Gerard S. Castaneda (City Health Office)*
	TOTAL:	None	10 minutes	

Note: processing time may vary depending on the availability of the national vaslinelist system.

23. 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.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of the deceased only

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Four (4) copies of Death Certificate form (original)	City Civil Registry Office (Window 46)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Accomplish the personal data form of the deceased	1. Receive and validate information of the deceased	None	3 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office- 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	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office- 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" and instruct the client to return after accomplishing the	None	10 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office- Issuance of Death Certificate*

	requirements for review			
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 certificate form	None	2 days * Varies upon the availability of SOCO/Medi co - Legal Officer	*Jayson O. Tabaco/ Cindy Fe T. Santos City Health Office- Issuance of Death Certificate/ Medico-Legal Officer/SOCO*
	TOTAL:	None	2 days, 20 minutes	

24. 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.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of the deceased only

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Four (4) copies of Death Certificate form (original)	City Civil Registry Office (Window 46)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the personal data form of the deceased	1. Receive and validate completeness of information of the deceased	None	3 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office-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	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office-Issuance of Death Certificate*

3. Check the given details and information	3. Explain additional requirements needed to be accomplished (Cause of death to be certified by the last attending physician and embalmer's certification on the death certificate form)	None	8 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office- Issuance of Death Certificate*
4. Claim the form	4. Release the form and instruct the client to return after accomplishing the requirements for review	None	2 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office- Issuance of Death Certificate*
	TOTAL:	None	20 minutes	

25. 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.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of the deceased only

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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 form (Salaysay) (1 original)	City Health Office-Issuance of Death Certificate
4. Notarized Waiver for Autopsy form (1 original)	City Health Office-Issuance of Death Certificate
5. Barangay Certificate of Residency (1 original)	At the respective Barangay Hall of the client's permanent area of residence

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Accomplish the personal data form of the deceased	1. Receive and validate completeness of information of the deceased	None	3 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office-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	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office-Issuance of Death Certificate*
3. Check the given details and information	3. Explain additional requirements needed to be accomplished (Cause of death to be signed by the Rural Health Physician and signature of embalmer at the back of the death certificate)	None	10 minutes	*Jayson O. Tabaco/ Cindy Fe T.Santos City Health Office-Issuance of Death Certificate*
4. Submit additional requirements needed for physician's evaluation and go to the designated Rural Health Unit	4. Evaluation and determination on the probable cause of death by the concerned physician and signing of the death certificate with complete requirements	None	2 days	*Dr. Emerito D. Mercado/ Dr. Iris Rose M. Muñoz/ Dr. Jaira C. Dela Peña-Natividad/ Dr. Sonny G. Branzuela/ Dr. Camir Diane R. Ayson/ Dr. Krisette Arah F. David/ Dr. Ann Alexys F. Vergara/ Dr. Rowena L. Salas City Health Office-Issuance of Death Certificate / Rural Health Units)*
TOTAL:		None	2 days, 20 minutes	

26. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Any person/individual who wants to work within the city

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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
1.4. 1 x 1 picture (1 original)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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 the City Treasurer's Office window 3 (for normal findings)	Php 200.00	2 minutes	
	1.3. Refer the client to the City Medical Unit (for any abnormal findings) for medical check-up	None		*Sanitation Inspector/ Administrative Aide/ City Medical Unit Nurse (City Health Office- EHSD, CMU)*

2. Present receipt of payment	2. Validate official receipt issued by the City Treasurer's Office	None	2 minutes	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
3. Wait until the health certificate is processed	3.1. Prepare the health certificate	None	2 minutes	*Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)*
	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. Instruct client to receive the health certificate on the logbook	None	2 minutes	*Sanitation Inspector/ Administrative Aide (City Health Office- EHSD)*
	TOTAL:	**Php 200.00**	**12 minutes**	

27. Issuance of Medical Certificate (for Absentees)

A public health initiative specifically designed to provide those individuals who need official documentation for missing work due to illness.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Government Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory and diagnostics results (depending on physician's request for management plan)	Any laboratory and diagnostic facility
4. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture)	
Voter's I.D.	Commission on Elections
National ID	Philippine Statistics Authority
Unified Multi-Purpose Identification (UMID)	Social Security System
Social Security System I.D.	Government Services Insurance System
Postal I.D.	Philippine Postal Corporation
Tax Identification Number (TIN) I.D.	Bureau of Internal Revenue
Professional Regulation Commission (PRC) I.D.	Professional Regulation Commission
Driver's license	Land Transportation Office
Senior Citizen ID	Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors 2. Provide needed documents	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed 2. Review for the completeness and validity of presented documents.	None	10 minutes	*RHU Midwife/ Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	1-2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Payment	4.Instruct patient to settle payment at the City Treasurer's office	50.00	30 minutes	*City Treasure's Office*
5. Wait for a confirmation from the Rural Health Unit personnel	5. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
6. Claim/receive the requested	6. Issue requested document and secure	None	5 minutes	*RHU Midwife/Nurse*

documents at the Rural Health Unit and sign at the receiving logbook	proof of receipt through the receiving logbook.			*(CHO- RHU I-VI)please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

28. Issuance of Medical Certificate (For Client with On-Going Anti-Tuberculosis Medication)

A public health initiative specifically designed to provide an official document regarding the patient's diagnosis, current treatment/health status, fitness for work or other activities to be used as reference and guidance by their employer.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All clients with Tuberculosis who are currently taking Anti-tuberculosis drugs and medicines.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Original copy of Treatment Booklet (Form 5)	Clients' booklet that was issued upon enrollment/admission
2. Sputum follow up result: 2.1. Negative sputum follow-up after 2 weeks upon initiation of treatment for *Bacteriologically-Confirmed TB Patients* 2.2. Negative sputum follow-up after 1 week upon initiation of treatment for *Clinically-Diagnosed TB Patients*	Rural Health Unit
3. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D.	Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission

Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide needed documents	1. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
2. Allow the health worker to perform vital signs	2. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
3. Wait for a confirmation from the Rural Health Unit personnel	3. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI)please refer to Annex A*
4. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	4. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 12 minutes**	

29. Issuance of Medical Certificate (for EPI/TB Vaccination Certification)

A public health initiative specifically designed to provide certification to individuals who are required to have an official documentation of their vaccination status.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All individuals requesting vaccine certification via medical certificate

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Vaccination card (1 original)	Barangay Health Station/Target Client List/ Patient's Copy
2. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture)	
Voter's I.D.	Commission on Elections
National ID	Philippine Statistics Authority
Unified Multi-Purpose Identification (UMID)	Social Security System
Social Security System I.D.	Government Services Insurance System
Postal I.D.	Philippine Postal Corporation
Tax Identification Number (TIN) I.D.	Bureau of Internal Revenue
Professional Regulation Commission (PRC) I.D.	Professional Regulation Commission
Driver's license	Land Transportation Office
Senior Citizen ID	Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the	1. Client shall present a valid ID	None	5 minutes	*RHU Midwife/Nurse*

BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed			*(CHO- RHU I-VI) please refer to Annex A*
2. Provide needed documents	2. Review for the completeness and validity of presented documents and validation of vaccination status.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3.Payment	3. Intruct patient to settle payment at the City Treasurer's office	Local: 50.00 Abroad: 150.00	30 mins	*City Treasurer's Office*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/ Nurse/Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**47 minutes**	

30. Issuance of Medical Certificate (for Medical Assistance)

A public health initiative specifically designed to support clients who need assistance for availing healthcare services.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All individuals seeking for medical assistance requesting medical clearance via medical certificate.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair
2. 1 Photocopy of the previous prescriptions and/or laboratory request (*If the patient is from private*)	Private clinic/hospital

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI)please refer to Annex A*
2. Provide documents needed	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

*** Note:** Medical certificate for medical assistance will be given, only if the medicines and laboratory work prescribed and requested are not available in the health center and central laboratory.

31. Issuance of Medical Certificate (for Person with Disability I.D.)

Is a public health initiative specifically designed to certify an individual's disability in reference with the submission and presentation of supporting documents from the client.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Persons with Disability

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
A. Apparent (New Persons with Disability I.D.)	
1. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture)	
Voter's I.D.	Commission on Elections
National ID	Philippine Statistics Authority
Unified Multi-Purpose Identification (UMID)	Social Security System
Social Security System I.D.	Government Services Insurance System
Postal I.D.	Philippine Postal Corporation
Tax Identification Number (TIN) I.D.	Bureau of Internal Revenue
Professional Regulation Commission (PRC) I.D.	Professional Regulation Commission
Driver's license	Land Transportation Office
Senior Citizen ID	Office of the Senior Citizens Affair
2. Previous medical records and/ or prescriptions (If any)	From medical specialist or private attending physicians

B. Non-Apparent (New Persons with Disability I.D.)	
1. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair
2. Medical certificate and/ or latest prescription.	Medical specialist or private attending physicians
C. Apparent and non-apparent (renewal of Persons with Disability I.D.)	
Photocopy of previous Persons with Disability I.D.	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR,	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

	MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed			
2. Provide needed documents	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI)please refer to Annex A*
5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

32. Issuance of Medical Certificate (for Pre-Hemodialysis Medical Certificate to be Referred at The Fernandino Dialysis Center)

A public health initiative specifically designed to certify patients for their eligibility to become a beneficiary of the hemodialysis program of the City Government of San Fernando, Pampanga.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All dialysis patients of the Fernandino Dialysis Center requesting medical clearance via medical certificate.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory request form	Fernandino Dialysis Center (City Civic Center, Brgy. San Isidro, CSFP)
2. Negative antigen test result if needed only	CSFP Central Laboratory
3. Medical Certificate/ Medical abstract	From specialist/attending physicians
4. Prescription Medicines if any	From specialist/attending physicians
5. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
2. Provide needed documents	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*

4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

33. Issuance of Medical Certificate (for Students Seeking Medical Clearance)

A public health initiative specifically designed to provide certification for students.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All students requesting medical clearance.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory and diagnostic Results Chest X-ray (6 months validity)- 1 original copy Complete Blood Count (3 months validity)- 1 original copy Urinalysis (on the day/day before consultation)- 1 original copy Fecalysis (on the day/day before consultation)- 1 original copy 12-LEAD ECG (3 months validity)-1 original copy	Any laboratory and diagnostic facility

2.. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

1. Provide needed documents	1. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
2. Allow the health worker to perform vital signs	2. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
3. Wait for a confirmation from the Rural Health Unit personnel	3. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
4. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	4. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

34. Issuance of Medical Certificate (Pre- Employment for Government Employee)

A public health initiative specifically designed to assess and evaluate government employees' general health status and fitness for work.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Government Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory and Diagnostic Results Chest x-ray (6 months validity)- 1 original copy Complete Blood Count (3 months validity) 1 original copy Urinalysis (on the day/day before consultation) 1 original copy Neurological test (If warranted) 1 original copy Drug test (if warranted) 1 original copy Fecalysis (on the day/day before consultation) 1 original copy	Any laboratory and diagnostic facility
2. Civil Service Commission form for Medical Clearance	Client's respective office

3. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

2. Provide needed documents	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for the signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 17 minutes**	

35. Issuance of Medical Certificate (Pre- Employment for Private Employee)

A public health initiative specifically designed to assess private employees' general health status and fitness for work.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Employees from the private sectors

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory and Diagnostic Results Chest x-ray (6 months validity)- 1 original copy Complete Blood Count (3 months validity) 1 original copy Urinalysis (on the day/day before consultation) 1 original copy Neurological test (If warranted) 1 original copy Drug test (if warranted) 1 original copy Fecalysis (on the day/day before consultation) 1 original copy	Any laboratory and diagnostic facility

2. Photocopy of any government issued I.D (preferably I.D should have Name, Address, Birthday, Signature and picture) Voter's I.D. National ID Unified Multi-Purpose Identification (UMID) Social Security System I.D. Postal I.D. Tax Identification Number (TIN) I.D. Professional Regulation Commission (PRC) I.D. Driver's license Senior Citizen ID	 Commission on Elections Philippine Statistics Authority Social Security System Government Services Insurance System Philippine Postal Corporation Bureau of Internal Revenue Professional Regulation Commission Land Transportation Office Office of the Senior Citizens Affair

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

2. Provide needed documents	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for the signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI)please refer to Annex A*
4.Payment	4. Intruct patient to settle payment at the City Treasurer's office	100.00	30 mins	*City Treasurer's office*
5. Wait for a confirmation from the Rural Health Unit personnel	5. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
6. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	6. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
	TOTAL:	**None**	**2 working days and 47 minutes**	

36. Issuance of Medical Certificate (Senior Citizens)

The Rural Health Units under the City Health Office ensures that all senior citizens shall be assessed properly and shall be issued with corresponding medical certificate accordingly.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Senior Citizens

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory Results Chest x-ray (6 months)- 1 original copy Complete Blood Count with Platelet (3 months)- 1 original copy Urinalysis (on the day/day before consultation)- 1 original copy 12-LEAD ECG (3 months)- 1 original copy Fecalysis (on the day/day before consultation)- 1 original copy	Any laboratory
2. Original copy of Senior Citizen's I.D.	Office for Senior Citizens Affairs

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI)*
2. Provide needed documents	2. Review completeness and validity of presented documents	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referral to the physician for signing of medical certificate	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
TOTAL:		**None**	**2 working days and 17 minutes**	

37. Issuance of Medical Certificate (Tulong Panghanapbuhay sa ating Disadvantaged/Displaced Workers (Tupad) - Senior Citizens)

Is a public health initiative specifically designed to certify the senior citizen applicants for fitness to work.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All senior citizens applying for Tulong Panghanapbuhay Sa Ating Disadvantaged/ Displaced Workers Program.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Laboratory and Diagnostic Results Chest x-ray (6 months validity)- 1 original copy Complete Blood Count with Platelet (3 months validity)- 1 original copy Urinalysis (on the day/day before consultation)- 1 original copy 12-LEAD ECG (3 months validity)- 1 original copy Fecalysis (on the day/day before consultation)- 1 original copy	Any laboratory and diagnostic facility
2. Original copy of Senior Citizen's I.D.	Office for Senior Citizens Affairs

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and ekas/epress if needed	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
2. Provide needed documents	2. Review for the completeness and validity of presented documents.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
3. Allow the health worker to perform vital signs	3. Get the vital signs of the client and conduct initial physical examination before referring to the physician for signing of medical certificate.	None	2 working days	*RHU Midwife/Nurse/ Rural Health Physician (CHO- RHU I-VI) please refer to Annex A*
4. Wait for a confirmation from the Rural Health Unit personnel	4. Inform patient once documents are available for claiming.	None	2 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*

5. Claim/receive the requested documents at the Rural Health Unit and sign at the receiving logbook	5. Issue requested document and secure proof of receipt through the receiving logbook.	None	5 minutes	*RHU Midwife/Nurse (CHO- RHU I-VI) please refer to Annex A*
TOTAL:		**None**	**2 working days and 17 minutes**	

38. Issuance of Pre-Marriage Counseling Certificate

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

Office or Division:	City Health Office- Population Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Would be couple 18 to 25 years old, at least one residing at the City of San Fernando, Pampanga

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Official receipt (original)	City Treasurer's Office located at the City Hall (Window 37)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client registers at the registration form	1. Assist the client in filling-out the registration form	None	2 minutes	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
2. Client will attend the Pre-Marriage Counseling lecture	2. Conduct the Pre- Marriage Counseling lecture	None	4 hours	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
3. Receive the Pre-Marriage Counseling certificate	3. Hand over the Pre-marriage Counseling certificate to the client	None	1 minute	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
TOTAL:			**4 hours and 3 minutes**	

39. Issuance of Pre-Marriage Orientation Certificate

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

Office or Division:	City Health Office- Population Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Would be couple 18 years old and above, at least one residing at the City of San Fernando, Pampanga

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Official receipt (original)	City Treasurer's Office located at the City Hall (Window 37)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client registers at the registration form	1. Assist the client in filling-out the registration form	None	2 minutes	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
2. Client will attend the Pre-Marriage Orientation lecture	2. Conduct the Pre- Marriage Orientation lecture	None	4 hours	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
3. Receive the Pre-Marriage Counseling certificate	3. Hand over the Pre-marriage compliance certificate to the client	None	1 minute	*Princess Ann N. Fedelicio, RN/ City Population Officer (City Health Office)*
	TOTAL:	**None**	**4 hours and 3 minutes**	

40. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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

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	5 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/ City Health Officer II (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 minute * As stated in the QMS Manual for the issuance of Sanitary Permit	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
	TOTAL:	**Php 200.00 to 1,200.00**	**15 minutes**	

41. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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

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:	5 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/ City Health Officer II (City Health Office- EHSD)*

4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	Php 200.00 to 1,200.00	1 minute * As stated in the QMS Manual for the issuance of Sanitary Permit	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
TOTAL:		**Php 200.00 to 1,200.00**	**15 minutes**	

42. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Application Form for Business	Business One Stop Shop (City Hall)
2. Initial or operational permit/clearance from CL CHD- 3	Department of Health Region 3

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	5 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI /City Health Officer II (City Health Office- EHSD)*

4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit	200.00 to 1,200.00	1 minute	*Sanitation Inspector/ Administrative Aide (City Health Office-EHSD)*
	TOTAL:	**Php 200.00 to 1,200.00**	**15 minutes**	

43. Issuance of Sanitary Permit (Renewal 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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)

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	5 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office- EHSD)

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

44. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Application Form for Business	Business One Stop Shop (City Hall)
2. Barangay Resolution of no objection	Barangay

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 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office- EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 minute * As stated in the QMS Manual for the issuance of	*Sanitation Inspector/ Administrative Aide* (City Health Office- EHSD)

			Sanitary Permit	
TOTAL:		**Php 200.00 to 1,200.00**	**15 minutes**	

45. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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

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	5 minutes	*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 minutes 2 minutes	

	2.2. Printing of the Sanitary Permit	the 2017 Revised Revenue Code and Market Code of the CSFP: Php 200.00 to 1,200.00		
3. Wait for the approval of the Sanitary Permit	3. Review the approved Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office-EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 minute * As stated in the QMS Manual for the issuance of Sanitary Permit)	*Sanitation Inspector/ Administrative Aide* (City Health Office-EHSD)
	TOTAL:	**Php 200.00 to 1,200.00**	**15 minutes**	

46. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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 deep well: product water every month; raw water every six (6) months *If water source is Water District: product water every month; 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 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office- EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 minute * as stated in the QMS Manual for the issuance of Sanitary Permit	*Sanitation Inspector/ Administrative Aide* (City Health Office- EHSD)
	TOTAL:	**Php 200.00 to 1,200.00**	**15 minutes**	

47. Issuance of Sanitary Permit (New Business- (Food Establishments, Restaurant, Fastfood, Canteen, Eatery, and Caterers)

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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Application Form for Business	Business One Stop Shop (City Hall)
2. Letter of designation of Food Safety Compliance Officer (FSCO)	Food Business operator (FBO)
3. Proof that he/she passed the prescribed training course for FSCO or	3rd party DOH recognized Training Course Provider
4. Or letter of commitment to attend training for FSCO.	Food Business Operator (FBO)

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 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office- EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 minute *As stated in the QMS Manual for the	*Sanitation Inspector/ Administrative Aide* (City Health Office- EHSD)

			issuance of Sanitary Permit	
TOTAL:		**Php 200.00 to 1,200.00**	**15 minutes**	

48. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Business establishments			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Application Form for Business		Business One Stop Shop (City Hall)		
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 minutes	*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 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office- EHSD)
4. Receive the Sanitary Permit	4. Releasing of the Sanitary Permit		1 minute * as stated in the QMS Manual for the issuance of Sanitary Permit	*Sanitation Inspector/ Administrative Aide* (City Health Office- EHSD)

TOTAL:	**Php 200.00 to 1,200.00**	**15 minutes**	

49. 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.

Office or Division:	City Health Office- Environmental Health and Sanitation Division (EHSD)
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Business establishments

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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 Deep well: product water every month and raw water every six (6) months *If water source is Water District: product water every month 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

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	5 minutes	*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	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	2 minutes	
	2.2. Printing of the Sanitary Permit		2 minutes	
3. Wait for the approval of the Sanitary Permit	3. Review the documents and approve the Sanitary Permit		5 minutes	*Sanitation Inspector VI/City Health Officer II* (City Health Office-EHSD)
4. Receive the Sanitary Permit	4. Release the Sanitary Permit		1 minute as stated in the QMS Manual for the issuance of Sanitary Permit	*Sanitation Inspector/ Administrative Aide* (City Health Office-EHSD)
TOTAL:		**Php 200.00 to 1,200.00**	**15 minutes**	

50. Maternal Care Services

Is a series of public health-related initiatives specifically designed to focus on ensuring the health and well-being of pregnant women, post-partum and their newborn.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Pregnant and Post-partum women

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For minors – they shall be accompanied by their parent(s) or legal guardian(s) For adults – N/A	N/A

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta	None	10 minutes	*Barangay Health Worker/ RHU/BHS Midwife/Nurse* (CHO- RHU I-VI/ 46 BHSes)

	and ekas/epress if needed			
2. Seek consultation at the Rural Health Unit/Barangay Health Station	2.Register patient's data on the Individual Treatment Record. Check and record the vital signs. 2.1 Complete and issue Home Based Mother's Record/ Mother Baby Booklet *(for new client).* 2.2 Retrieve patient's previous individual treatment record (for existing client).			
3. Allow the Health Worker to conduct physical examination	3. Conduct a targeted physical examination, encode laboratory request in the central laboratory google sheet and provide the request form to the client.	None	5 minutes	*RHU/BHS Midwife/Nurse/ Rural Health Physician/Encoder* (CHO- RHU I-VI/ 46 BHSes)
4. Receive accomplished laboratory request form	4. Refer the patient to the CSFP Central laboratory for testing.	None	3 minutes	*RHU/BHS Midwife/Nurse/ Rural Health Physician* (CHO- RHU I-VI/ 46 BHSes)

5. Listen attentively to the Health Worker and receive the Home-Based Mother's Record/Booklet ni Nanay and receive medications	5.1. Orient the mother on proper maternal nutrition, maternal care and possible danger signs/symptoms and complications of pregnancy, etc.	None	10 minutes	*RHU/BHS Midwife/Nurse/ Rural Health Physician* (CHO- RHU I-VI/ 46 BHSes)
	5.2. Give additional instructions which includes the next pre- or post-natal visit, tetanus toxoid immunization schedule, intake of medicines and supplementations and home-based/after care instructions.			
6. Secure referral slip for pregnant women whose Age of Gestation is 7 months and above, and high-risk patients	6. Issue referral slip to the client and give instructions regarding the continuation of care at the Birthing Station or hospital of choice.	None	5 minutes	*RHU/BHS Midwife/Nurse/ Rural Health Physician* (CHO- RHU I-VI/ 46 BHSes)
	TOTAL:	**None**	**33 minutes**	

51. Mental Health Gap Action Programme (Access Sites)

An initiative specifically designed to provide basic mental health assessment provided by our staff who have undergone specialized training including the provision
of mental health-related drugs and medicines.

Office or Division:	San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV San Fernando Super Health Center-Rural Health Unit VI
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Mentally, Neurologically, User of substance-abused drugs

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prescription (latest, 3 months validity)	Psychiatrist/Medical Specialist/Hospital/Other Health Institutions
Medical Certificate indicating Diagnosis	Psychiatrist/Medical Specialist/Hospital/Other Health Institutions
Legal Guardian/Authorized Representative	N/A

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and	None	10 minutes	*RHU/BHS Nurse/Midwife/ Rural Health Physician (trained staff in the mental access sites)*

	ekas/epress if needed			
1.Client accompanied by his/her legal guardian or authorized representative seek for basic mental health-related consultation	1.1. Register the client/patient's data, acknowledge chief complaint, conduct history taking and vital signs on the Individual Treatment Record (for new patients). 1.2. Retrieve client/patient's previous individual treatment record (existing clients) and register the current chief complaint, update patient's data if needed, conduct medical history taking and record vital signs.			
2. Allow health worker to conduct initial health assessment and recording	2.1 Conduct a targeted mental health examination to assess the patient. Refer the condition and chief complaint to the Rural Health Physician if necessary. 2.2. If the patient needs secondary or tertiary level of care, fill-out the 2-way referral slip and give appropriate instructions.	None	15 minutes	*RHU/BHS Nurse/Midwife/ Rural Health Physician (trained staff in the mental access sites)*

	2.3 Provide the corresponding drugs and medicines if available and give post/home-care instructions and schedule of follow-up.	None	5 minutes	*RHU/BHS Nurse/Midwife/ Rural Health Physician (trained staff in the mental access sites)*
	TOTAL:	**None**	**30 minutes**	

52. Out-Patient Consultation at The Rural Health Units and Barangay Health Stations

Is a series of public health-related initiatives specifically designed to provide essential primary healthcare medical consultations in the community.

Office or Division:	Dolores Rural Health Unit I Sindalan Rural Health Unit II San Nicolas Main Health Center Rural Health Unit III San Agustin Rural Health Unit IV City of San Fernando Rural Health Unit V San Fernando Super Health Center-Rural Health Unit VI 46 Barangay Health Stations
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General population

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For minors – they shall be accompanied by their parent(s) or legal guardian(s) For adults – N/A	N/A

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client comes in, the BHWs/CHNs/RHMs shall initiate Phil Health Yakap-related endeavors	1. Client shall present a valid ID 1.2 BHWs/RHMs/CHNs shall initiate undertakings concerning PTIR, MCA, PCU with transaction1. Determine and encode in Konsulta, MPP Registration, iClinicsys Konsulta and	None	10 minutes	*RHU/BHS Midwife/Nurse/BHWs* (CHO- RHU I-VI/ 46 BHSes)

	ekas/epress if needed			
1. Client/Patient seek medical attention	1.1. Register the client/patient's data, chief complaint, conduct history taking and vital signs on the Individual Treatment Record *(for new patients).*			
	1.2. Retrieve client/patient's previous individual treatment record *(existing clients)* and register the current chief complaint, update patient's data if needed, conduct medical history taking and record vital signs.			
2. Allow health worker to conduct initial health assessment and recording	2.1 Conduct a targeted physical examination to assess the patient. Refer the condition and chief complaint to the Rural Health Physician if necessary.	None	15 minutes	*RHU/BHS Midwife/Nurse* (CHO- RHU I-VI/ 46 BHSes)
	2.2. If the patient needs secondary or tertiary level of care, fill-out the 2-way referral slip and give			

	appropriate instructions.			
	2.3. If the case is deemed emergency or with urgency, refer the patient to the nearest or chosen hospital/facility or refer to CHO-HEMS Unit with the properly filled 2- way referral slip. 2.4. Provide appropriate treatment and management accordingly.			
	TOTAL:	**None**	**25 minutes**	

53. 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.

Office or Division:	City Health Office- Birthing Stations (BS) Birthing Station 3- San Jose - Purok 5, Brgy. San Jose, CSFP Sindalan Rural Health Unit II- Gloria 1, Brgy. Sindalan, CSFP San Nicolas Rural Health Unit III- Bulusan St. Centro, Brgy. San Nicolas, CSFP San Agustin Birthing Station No. 5- Diretso St. Brgy. San Agustin, City of San Fernando Rural Health Unit V- Northville 14, Phase 1, Brgy. Calulut, CSFP, San Fernando San Fernando Super Health Center Civic Center San Isidro CSFP
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Women of Reproductive Age (20-34 years old)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Patient is in-labor	1.1 Assess patient, take and record vital signs.	None	5 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
	1.2. If cervical dilatation is less than 4 cm, advise the patient to come back and give instructions	None	5 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III*

				(City Health Office BS I-VI)
	1.3. If cervical dilatation is more than 5 cm, inform birthing physician for admission and secure consent for admission	None	15 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)

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 * *depends on the progress of labor*	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
3. Patient lies on the delivery table and follow Health Care Provider's instruction	3.1. Perineal preparation	None	2 minutes	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
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	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
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	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)

5. Patient lies in lithotomy position	Provision of Essential Intrapartum Newborn Care. immediate and thorough drying -early skin to skin contact or "unang yakap" properly timed cord clamping non-separation of newborn from the mother Do suctioning if needed. Anthropometric measurements Application of Ophthalmic Ointment on both eyes Vitamin K, Hepa B and BCG Vaccination	None	90 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)

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	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
7. Patient transfers to the ward	7.1. Advise patient: diet as tolerated; encourage breastfeeding	None	2 minutes	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
	7.2. Give post-partum medication	None	2 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant*

				Midwife I/Midwife III (City Health Office BS I-VI)
	7.3. Continue monitoring of vital signs every 15 minutes for 2 hours then every 4 hours for both mother & baby	None	10 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
8. Patient fill-up the Birth Certificate form	8. Assist the patient in accomplishing the draft Birth Certificate form	None	5 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI) please refer to Annex B & C
9. After 24 hours instruct mother of blood screening for the baby	9. Prepare and fill out new born screening filter card and perform newborn screening test	None	15 minutes	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
10. Instruct patient for discharge	10. Provide post-natal care; perform discharge internal examination	None	8 minutes	*Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)

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	*RHP-BS Manager/ Nurse II/Nurse/Nursing Assistant Midwife I/Midwife III* (City Health Office BS I-VI)
	TOTAL:	**None**	**4 hours and 43 minutes**	**** depends on the progress of labor***

54. 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.

Office or Division:	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, ,San Fernando Super Health Center Civic Center San Isidro CSFP
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Women of Reproductive Age (15-49 years old) and Newborn babies

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Get number queuing	1. Instruct patient to get number queue at the receiving area	None	1 minute	*Nurse/Midwife/ Nursing Assistant on duty* (City Health Office BS I-VI)
2. Allow the Health Care Provider to take her vital signs	2. Takes and records patient's vital signs	None	7 minutes	*Nurse/Midwife/ Nursing Assistant on duty* (City Health Office BS I-VI)
3. Patients proceeds to the midwife area and answer the questions of the Health Care	3. Interview patient for any clinical signs of abnormality	None	5 minutes	*Midwife/ Nurse/ Nursing Assistant* (City Health

Provider				Office BS I-VI)
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-VI)
	4.2. Properly refer to the Birthing Station Manager for any abnormality seen	None	3 minutes	*Midwife/Birthing Station Manager* (City Health Office BS I-VI)
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/Nursing Assistant* (City Health Office BS I-VI)
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-VI)
7. Mother gives information for hearing test	7.1. Instruct mother for schedule of the Newborn for hearing test	None	10 minutes	*Midwife/ Nurse/Nursing Assistant* (City Health Office BS I-VI)
	7.2. Assist mother in accomplishing the information sheet for hearing test	None	10 minutes	*Midwife/ Nurse/ Nursing Assistant* (City Health Office BS I-VI)

8. Mother listens to Health Care Provider's instruction/advise	8. 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	2 minutes	*Hearing Screening Center Staff* (Accredited hearing center)/*Midwife/ Nurse/Nursing Assistant* (City Health Office BS I-VI)
	TOTAL:	**None**	**57 minutes**	

55. 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.

Office or Division:	City Health Office- Birthing Stations (BS) Birthing Station 3- San Jose - Purok 5, Brgy. San Jose, CSFP Sindalan Rural Health Unit II- Gloria 1, Brgy. Sindalan, CSFP San Nicolas Rural Health Unit III- Bulusan St. Centro, Brgy. San Nicolas, CSFP San Agustin Birthing Station No. 5- Diretso St. Brgy. San Agustin, City of San Fernando Rural Health Unit V- Northville 14, Phase 1, Brgy. Calulut, CSFP, San Fernando, San Fernando Super Health Center Civic Center San Isidro CSFP
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Women of Reproductive Age (20-34 years old)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
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

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
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	*Midwife/ Nurse / Nursing Assistant* (City Health Office BS I-VI)
2. Allow the Health Care Provider to take her vital signs	2. Take and record the patient's weight and height	None	5 minutes	*Midwife/Nurse on duty* (City Health Office BS I-VI)
3. Patient proceeds to the pre-natal room and answer all the questions	3.1. For new patient, accomplish the birth plan. Assess patient obstetric history, Last Menstrual	None	10 minutes	*Birthing Station Manager/ Nurse/Midwife* (City Health Office BS I- VI)

of the health worker.	Period, explains clinical danger signs of pregnancy, etc.; issue ultrasound request as needed 3.2. Midwife/Nurse computes for age of gestation and expected date of delivery.			
	3.3. For return check- up patients, review and update the birth plan.			

4. Patient lies on the examination table and follow Health Care Provider's further instructions	4. Performs Leopold's maneuver, fundic height, fetal heart tone, and movement, etc.	None	15 minutes	*Midwife/Nurse on duty* (City Health Office BS I-VI)
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	5 minutes	*Midwife on duty* (City Health Office BS I-VI)
	5.2. Proper referral to the birthing physician for any abnormality	None	5 minutes	*Midwife/Nurse on duty* (City Health Office BS I-VI)
6. Patient focuses on the instructions and rationale of procedures	6.1 Encode patient's data for scheduling of laboratory and diagnostic test 6.2 Issue laboratory & diagnostic test Request and instruct for the schedule of test	None None	3 minutes 3 minutes	*Birthing Station Manager/ Nurse/Midwife* (City Health Office BS I- VI)

	>For 1st trimester patient: urinalysis, blood typing, FBS hemoglobin & hematocrit, syphilis, HIV, Hepa B,TVS >For 2nd trimester : depends on the baseline result of the 1st trimester & 75 g OGTT. >For 3rd trimester: OB Ultrasound,urinalysis, hemoglobin & hematocrit, Fasting Blood Sugar; For follow-up patient, issue laboratory request and bring specimen or results for the next check-up 6.3 Assign schedule via google sheet for the necessary laboratory & diagnostic request and inform the patient of the allotted schedule	None	3 minutes	*Birthing Station Manager/ Nurse/Midwife* (City Health Office BS I- VI)
7. Patient proceed again to the midwife area	7. Assess the laboratory result If baseline results are normal, schedule the patient for next visit. If baseline results are above or below normal refer to birthing	None	5 minutes	*Midwife* (City Health Office BS I-VI)

	physician			
8. Patient listens for further instruction	8.1 Advise patient to take medication with prescription ordered by birthing physician and come back after 1 week for repeat tests. 8.2 Instruct patient to go hospital of choice for further evaluation by OB-Gyne for high risk patients per DOH guidelines	None	5 minutes	*Birthing Station Manager/Midwife* (City Health Office BS I-VI)
	TOTAL:	**None**	**60 minutes**	

56. Request for Standby Medical Assistance

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.

Office or Division:	City Health Office- Health Emergency Management Staff (HEMS) Unit			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All Fernandinos			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
1. Request letter duly approved by the City Administrator		City Administrator's Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The client will send and leave the request letter at the City Mayor's Office/ City Administrator's Office for approval	1. The City Mayor's Office / City Administrator's Office receives the letter for review and approval	None	1-2 days	*Administrative Aide* (City Mayor's Office/ City Administrator's Office)
2. The client will wait for a call confirming the status of the request	2.1. City Mayor's Office / City Administrator's Office will refer the request to the City Health Office 2.2. CHO Administrative Health Care Division will process and coordinate with the CHO-HEMS Unit	None	5 minutes 3 minutes	*Administrative Aide* (City Mayor's Office/ City Administrator's Office) Administrative Officer V/City Health Officer of the CIty Health Office

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 Unit nurse will coordinate with the client regarding the planned event	None	10 minutes	HEMS Team Leader/ HEMS Nurse Coordinator
4. The client will wait for the approval of the request.	4. HEMS will obtain approval from the HEMS Medical Coordinator and the CIty health Officer prior to personnel deployment, subject to staff availability.	None	5 minutes	HEMS Medical Coordinator/City Health Officer
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 HEMS team	None	30 minutes to 45 minutes *depending on the location of the event	HEMS Team on Duty
	TOTAL:	**None**	**1-2 days/ 45 minutes** *depending on the location of the event	

*** Note:** Actual time may vary depending on the processing of approval and distance of the event.

57. 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.

Office or Division:	City Health Office- Health Emergency Management Staff (HEMS) Unit			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All Fernandinos			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
N/A		N/A		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
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	*HEMS Nurse* (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 2.2 Dispatch HEMS Team to the patient's location in full PPE if needed	None	1 minute 5 minutes to 45 minutes * depending on the location of the patient	*HEMS Nurse* (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 refers to the HEMS Director	None	5 minutes	*HEMS Nurse* (City Health Office)
4. Follow instruction and or answer the query of the HEMS personnel	4.1 Carry out treatment according to HEMS Director's orders 4.2 If patient needs further management, patient will be transferred to the nearest hospital of choice after proper coordination with the receiving hospital	None	5-10 minutes (may take longer depending on the management that will be performed and the severity of the patient's condition) 10 minutes to 30 minutes (or more if outside CSFP) * depending on the distance of scene to the hospital of choice	*HEMS Team* (City Health Office)
	TOTAL:		**1 hour and 37 minutes** * depending on the distance of scene to the hospital of choice	

*** Note:** Actual time may vary depending on the traffic situation, severity of the case, and distance from the scene/home to the referring facility.

58. 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.

Office or Division:	City Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Spouse, Nearest Relative and/or Authorized Representative of the deceased only

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Three (3) or Four (4) copies of Death Certificate form duly accomplished correctly, completely and signed by proper parties (original)	Hospital- Records Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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	*Administrative Officer II* or *Administrative Aide IV* City Health Office- Issuance of Death Certificate
2. Wait for the processing of documents	2.1 Prepare the corresponding permit 2.2 Bring the death certificate to the City Medical Specialist III or City Health Officer for review and signing	None	2 days	*Administrative Officer II* Or *Administrative Aide IV / Medical Specialist III Or City Health Officer* City Health Office- Issuance of Death Certificate
3. Claim the form and go to City Treasurer's Office	3. Release the form and instruct the client for payment and registration	None	2 minutes	*Administrative Officer II* or *Administrative Aide IV* City Health Office-

(Window 37) for the payment and City Civil Registry Office (Window 46) for registration				Issuance of Death Certificate
	TOTAL:	None	2 days, 10 minutes	

59. 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.

Office or Division:	City Health Office- Population Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Would be couple 18 years old and above, at least one residing at the City of San Fernando, Pampanga

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Official receipt of application for Marriage License (1 original)	City Treasurer's Office located at the City Hall (Window 37)
2. For Foreign Client:	
• Photocopy of Passport ID (1 copy)	Embassy of the Country of Origin
3. For Both Doctors/Nurses Client	
• Photocopy of PRC ID (1 copy)	Professional Regulation Commission

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the official receipt	1. Check the Marriage licensing releasing date	None	1 minutes	*City Population Office Staff* (City Health Office)
2. Client register at the PMOC logbook and fill-out the Pre-Marriage Counseling Form and Marriage Expectation and Inventory Form	2. Assist the client in filling-out the PMOC logbook and Pre-Marriage Counseling Form and Marriage Expectation and Inventory Form	None	15 minutes	*City Population Office Staff* (City Health Office)
3. Listen to the instruction of the City Population Office Staff	3. Inform the client on the schedule date of Pre-Marriage Orientation/Counseling	None	2 minutes	*City Population Office Staff* (City Health Office)
	TOTAL:	**None**	**18 minutes**	

60. 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 isolation facilities and COVID referral hospitals.

Office or Division:	City Health Office- Health Emergency Management Staff (HEMS) Unit
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Fernandinos

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Reporting template through text message/telephone call	City Epidemiology and Surveillance Unit/ Rural Health Units of the City Health Office

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
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	*HEMS Personnel on Duty* (City Health Office)
2. Client wait 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 Director as necessary	None	10 minutes	*HEMS Personnel on Duty/HEMS Medical Director* (City Health Office)
3. Listen to the instruction of the HEMS personnel via phone call	3. The HEMS personnel gives the instructions to the patient/relative prior to transfer	None	5 minutes	*HEMS Nurse on Duty* (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, preparing the ambulance, and equipment)	None	10 minutes	*HEMS Team on Duty* (City Health Office)
5. Wait for the HEMS personnel	5. Immediate dispatch of the ambulance team upon confirmation from the receiving hospital	None	30-45 minutes *depending on the distance of the patient to the receiving hospital/ facility	*HEMS Team on Duty* (City Health Office)
TOTAL:			**1 hour and 13 minutes** minutes *depending on the distance of the patient to the receiving hospital/ facility	

*** Note:** Actual time may vary depending on the traffic situation, severity of the case, and distance of referring hospital/isolation facility.

61. 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.

Office or Division:	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, San Fernando Super Health Center Civic Center San Isidro CSFP
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Women of Reproductive Age (15-49 years old)

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Referral form (1 original)	Birthing Station
2. Referral feedback form (1 original)	Referring Hospital

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Answer the health care provider questions	1. Get the patient's data	None	8 minutes	*Nurse/Midwife* (City Health Office BS I-VI)
2. Allow the Health Care Provider to take her vital signs	2. Takes and records patient's vital signs	None	10 minutes	*Nurse/Midwife* (City Health Office BS I-VI)
3. Patient proceed to the examination table	3.1. For patient not in-labor, examine the patient and assess for the following: a. Breech presentation b. Premature rupture of membrane c. Multiple pregnancies d. Pre-eclampsia e. Eclampsia f. Pre-term labor	None	10 minutes	*Nurse/Midwife* (City Health Office BS I-VI)

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	*Nurse/Midwife* (City Health Office BS I-VI)
	4.2. Prepare and accomplish the referral and feedback form	None	5 minutes	*Nurse/Midwife (*City Health Office BS I-VI)
	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	*Nurse/Midwife* (City Health Office BS I-VI)
	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	*Nurse/Midwife (*City Health Office BS I-VI)
	TOTAL:	**None**	**1 hour and 54 minutes**	