OFFICE OF THE MUNICIPAL HEALTH OFFICER

External Services

1. Medical Consultation and Treatment of Simple Cases

The purpose of this service is to diagnose and treat illnesses and give appropriate medical services. Service is available at the Municipal Health Office (MHO) to any person/individual who needs medical assistance.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For VHTS Patients: 4P's/PHIC ID	Client
Referral Slip for Clients/Patients	Barangay Catchment (as per RHM schedule of duty at the barangay)
Individual Treatment Record (ITR) Form , NCD Risk Assessment Form and PHIC profiling form for Adult and ITR and IMCI for 0-5 years old	RHU (triage area)
Referral Slip / ITR /Prescription Pads	RHU
PhilHealth ID/MDR	Client
Family Case Number ID	RHU (Registration Area)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TRIAGE AREA	1. Assess the patient's nature of visit a. Fever Lane b. Dispensing c. Laboratory d. Dental e. Medical/Prenatal f. NTP	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*

	2. Refer the patient to Queuing Area			
2.Proceeds to Queuing Area and secure priority/consultation number	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3.Waits for priority/ consultation number to be called	4.Admit patients according to priority number, check family case number and retrieve old records	None	10 minutes	Cherrie Mae Salcedo *(Midwife I)* *Midwife on Duty for the day*
4.Provide data on complaint/s	5.1 Refer on client's history records and takes vital signs (BP, Temp., weight, height, waist circumference, Body Mass Index,etc.) and record at ITR 5.2 Do NCD risk assessment and counseling if patient is 20 years old and above	None	25 minutes	Helna Alianza Elda De Asis Mardie Hiponia Susanita Noble Lianie Sucaldito Noney Tendras *(Midwives II)* Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwife I)* *Midwives on Duty for the day*
5. Proceed to Level 1 consultation	6. 1Take history and conducts physical examination to clients and requests laboratory	None	15 minutes	Helna Alianza Elda De Asis Mardie Hiponia Susanita Noble

4.1 Proceed to laboratory	if needed, counsel patient , treats illness, refer to physician 6.2 Do IMCI if child is 0-5 years old			Lianie Sucaldito Noney Tendras *(Midwives II)* Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwife I)* *Midwives on Duty for the day*
6.Wait to be called for Level 2 consultation	7.Provide IEC materials	None	15 minutes	Jasmin T. Yap *(Midwife II)*
7.Proceed to Level 2 consultation 7.1 Proceed to laboratory	8.Takes history and conducts physical examination to client and requests laboratory if needed, counsel patient , treats illness	None	30 minutes	Grace F. Cortez *(Mun. Health Officer)* *Physician on duty for the Day*
8. Receives prescription/referral slip if case is complicated	9.Issues prescription /referral slip if case is complicated	None	3 minutes	Susanita Noble Jasmin T. Yap Mardie Hiponia *(Midwife II)* Grace F. Cortez *(Mun. Health Officer)*
	TOTAL	**None**	**1 hour and 45 minutes**	
END OF TRANSACTION				

(Service may exceed processing time depending on the number of patients)

2. Dental Consultation and Treatment of Simple Cases

This service is available to all Buenavistahanons to prevent and treat dental cases. It involves oral examination, consultation and tooth extraction to clients. Service available Mondays, Wednesdays and Thursdays, 8:00 a.m. to 12:00 noon. Service rescheduled in case of outreach activity on a Thursday.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For VHTS Patients: 4P's/PHIC ID	Client
Referral Slip for Clients/Patients	Barangay Catchment (as per RHM schedule of duty at the barangay)
Individual Treatment Record (ITR) Form for children and adult and Risk Assessment Form for Adult	RHU (triage area)
Referral Slip / ITR /Prescription Pads	RHU
PHilhealth ID/MDR	Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TRIAGE AREA	1. Assess the patient's nature of visit a. Fever Lane b. Dispensing	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*

	c. Laboratory d. Dental e. Medical 2. Refer the patient to Queuing Area			
2. Proceeds to Queuing Area and secure priority/consultation number	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3.Wait for consultation/ priority number to be called 3.1 Provide data on complaint/s	4. 1.Take and record client's history records and takes vital signs (BP, Temp., weight, etc.) 4.2 Conduct NCD risk assessment 4.3 Issues dental forms to be filled –up by patients	None None	15 minutes 5 minutes	Susanita Noble Jasmin T. Yap Mardie Hiponia *(Midwife II)* *(Midwives/Nurses assigned for the day)* Lorenzo Jose Galan *(Dental Aide)*
4.Proceed to consultation	5.1 Takes history 5.2 Oral examination 5.3 Diagnosis ,Counseling 5.4 Conduct procedure to client 5.5 Refer patient to higher institution as needed	None	30 minutes	Rowena T. Hiponia *(Dentist)*

5.Receive prescription/referral slip if case is complicated	6.Issue prescription /referral slip if case is complicated and instruction to the patient	None	3 minutes	Rowena T. Hiponia *(Dentist)* Lorenzo Jose Galan *(Dental Aide)*
	TOTAL	**None**	**1 hour**	
END OF TRANSACTION				

3. **Ante-Partum Dental Consultation**

This service is available to all pregnant women to prevent and treat dental cases. It involves oral examination and consultation to clients. Service available every Wednesdays from 8:00 am to 12 noon.

Office :	Municipal Health Office			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Pregnant women			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
For VHTS Patients: 4P's/PHIC ID		Client		
Referral Slip for Clients/Patients		Barangay Catchment (as per RHM schedule of duty at the barangay)		
Individual Treatment Record (ITR) Form for children and adult and Risk Assessment Form for Adult		RHU (triage area)		
Referral Slip / ITR /Prescription Pads		RHU		
PHilhealth ID/MDR		Client		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to TRIAGE AREA	1. Assess the patient's nature of visit a. Fever Lane b. Dispensing	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*

	c. Laboratory d. Dental e. Medical f. NTP 2. Refer the patient to Queuing Area			
2.Proceeds to Queuing Area and secure priority/consultation number	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3.Wait for consultation/ priority number to be called 3.1 Provide data on complaint/s	4. 1.Take and record client's history records and takes vital signs (BP, Temp., weight, etc.) 4.4 Conduct NCD risk assessment 4.5 Issues dental forms to be filled –up by patients	None None	15 minutes 5 minutes	Susanita Noble Jasmin T. Yap Mardie Hiponia *(Midwife II)* *(Midwives/Nurses assigned for the day)* Lorenzo Jose Galan *(Dental Aide)*
4.Proceed to consultation	5.1 Takes history	None	30 minutes	Rowena T. Hiponia *(Dentist)*
	5.2 Oral examination	None	3 minutes	Rowena T. Hiponia *(Dentist)* Lorenzo Jose Galan *(Dental Aide)*
	5.3 Diagnosis ,Counseling			
	5.4 Conduct procedure to client			
	5.5 Refer patient to higher institution as needed			

5.Receive prescription/referral slip if case is complicated	6.Issue prescription /referral slip if case is complicated and instruction to the patient			
	TOTAL	**None**	**1 hour**	
END OF TRANSACTION				

4. National Tuberculosis Program

Provision of consultation and management of patient with tuberculosis. Service available every Monday to Friday from 8:00a.m. to 5:00 a.m.

Office :	Municipal Health Office
Classification:	G2G- Government to Government
Type of Transaction:	Simple
Who may avail:	Symptomatic patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral slip completely filled by Midwife/Nurse assigned in the barangay	Barangay Health Station /Health and Nutrition Posts, Private clinics
Sputum examination request	Barangay Health Station, Private Clinics
Individual treatment record	Municipal Health Office- NTP room
TB treatment card	Municipal Health Office
Referral form for GeneXpert	Municipal Health Office
Chest x-ray result if available	Private /Public Laboratories

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

A. INITIAL VISIT OF PATIENT AT RHU				
1. Proceed to TRIAGE AREA	1. Assess the patient's nature of visit a. Fever Lane b. Dispensing c. Laboratory d. Dental e. Medical f. NTP 2. Refer the patient to NTP waiting area	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*
2. Present referral slip and secure priority number at the NTP waiting area	3. Receive referral slip , takes history , do vital signs and record 4. Requests sputum/gene xpert examination 5. Taking of vital signs and full medical history of patient and record	None	15 minutes	May Pearl M. Amboy *(Nurse I)*
3. Submit sputum request and early morning specimen upon waking up	6.1Receive sputum request and specimen 6.2 Instruct patient on proper sputum collection (on the spot)	None	10 minutes	Raymund Salapio *(Med. Tech. I)*

4. Proceed to coughing area and collects specimen(on the spot) and place at the counter in coughing area and inform Medtech of specimen availability	7.1Receive 2nd specimen (on the spot) 7.2 Process specimen while patient is having consultation	None	10 minutes	Raymund Salapio *(Med. Tech. I)*
6. Waits at NTP waiting area until name is called	8.1 Distribution of IEC materials	None	10 minutes	May Pearl M. Amboy *(Nurse I)*
	8.2 Conducts Health education		10 minutes	
6.Proceed to NTP room	9.Assessment: 1. Senior citizen (60 years old and above) – refer to Gene-Xpert (a) 15 – 59 years old manifests signs and symptoms of TB with (+) x-ray result – refer to laboratory for DSSM (b) If patient has history of TB treatment (relapse, loss to follow up, failed, treatment	None	30 minutes	May Pearl M. Amboy *(Nurse I)* All in charge Human workforce assigned in their designated barangay

	outcome unknown) – refer to Gene- Xpert for possible drug resistance (c) Patient with (+) x-ray result, (-) sputum, (-) Gene- Xpert – refer to physician (d) People living with HIV (PLHIV) with at least one of the four signs and symptoms of TB (fever, cough, weight loss, night sweats) – one-on-one counselling and refer to Social Hygiene Clinic.			
A. Sputum examination follow-up and upon starting of maintenance phase at RHU o Sputum (+) ▪ End of second month of treatment ▪ End of fifth month of treatment ▪ End of 6th month of treatment o Sputum (-) ▪ End of second month	9.2 Consultation, reading of laboratory results and further assessment of the patient	None	15 minutes	Tessa V. Jordas Maria Soccorro H. Gavileño *(Physician)*
7.Still at NTP room ❖ Treatment Regimen and Sputum follow-up in accordance with National Tuberculosis Program Manual of Operations. 5. **Availing of Medication**	10.1 Inform patient about the result . 10.2 Call/text/infom Midwife about the result 10.2.1 (+) result - come back the next day with Treatment	None	15 minutes	May Pearl Amboy *(Nurse)*

Provision of free medication as prescribed by the Physician/Dentist consultation to clients. Service available every Monday to Friday from 8:00 am to 5 p.m.

Office :	Municipal Health Office			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Original prescription issued by the Physicians at the RHU , Nurse/ Midwife at the BHS		Physician, Nurses, Midwives		
PHilhealth ID/MDR,4ps/Senior citizens ID		PHIC office, MSWDO		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the prescription together with ID/MDR	1.1 Receive and review the prescription 1.2 Instruct patient to fill up dispense logbook	None	10 minutes	Helna F. Alianza *(Midwife II)* *JO assigned*
2. Acknowledge receipt of the medicines	2.1 Fill the prescribed medicines (if available). If not available refer patient to other provider. 2.2 Dispense and instruct the patient on the dose and frequency of drug intake.	None	10 minutes	Helna F. Alianza *(Midwife II)*
	TOTAL	**None**	**20 minutes**	
END OF TRANSACTION				

6. Laboratory Services

Provision of laboratory services such as hematology, clinical microscopy, sputum for Acid Fast Bacilli. Services available during Mondays to Fridays 8:00 a.m. to 5:00 pm, except on scheduled Blood Letting activity.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For VHTS Patients: 4P's/PHIC ID	Client
Fecalysis form	RHU
Urinalysis form	RHU
Sputum Examination Forms	RHU
Official Receipt	Municipal Treasurer's Office (Window 1 and window 2)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to TRIAGE AREA	1 .Assess the patient's nature of visit a. Fever Lane b. Dispensing c. Laboratory d. Dental e. Medical f. NTP 2.Refer the patient to Queuing Area	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*
2.Proceeds to Queuing Area , secure number and wait at the waiting area	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3.Client / patient submit laboratory request	4.Receives request, instruct patient on procedure of collection	CBC - 30.00 Platelet Count - 30.00 Blood Typing - 30.00	2 minutes	Raymund Salapio Kiesha T. Carumba *(MedTech I)*

		RBS - 50.00 Fecalysis - 25.00 Urinalysis - 25.00 Sputum exam. - 40.00		
4. Submit specimen/submit self for blood extraction	5.Collects specimen	None	5 minutes	Raymund Salapio Kiesha T. Carumba *(MedTech I)*
5.Waits	6.Examines specimen	None	20 minutes Sputum (Diagnosis)- 2 days	Raymund Salapio Kiesha T. Carumba *(MedTech I)*
6.Receives laboratory result and signs logbook	7.Releases laboratory result	None	5 minutes	Raymund Salapio Kiesha T. Carumba *(MedTech I)*
	TOTAL	**None**	**30 minutes Sputum (*Diagnosis*)-2 days and 10 minutes 35 minutes –other labs.**	
END OF TRANSACTION				

7. Issuance of Health Cards

Health Cards are being issued to operators and employees after physical and laboratory examinations to all food and non-food handlers. Services available during Mondays to Fridays 8:00 to 5:00 pm.

Office :	Municipal Health Office, Municipal Treasurer's Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Clients working in Establishment covered by PD 856

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For VHTS Patients: 4P's/PHIC ID	Client
Request Form	Municipal Health Office
Laboratory Results:	
• Urinalysis Result (1 month validity)	Client
• Stool Examination Result (1 month validity)	Municipal Health Office laboratory (for Food handlers)
• Sputum Examination (1 month validity)	Municipal Health Office laboratory (for Food handlers)
Chest X-ray (6months validity)if requested by Physician	Private /Public Hospital
Official HC Receipt	Municipal Treasurer's Office (Windows 1,2 & 3)
EHS Form No. 102 A-B	RHU

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Secure request/ payment form for laboratory	1. Fill-up form	None	5 minutes	Resty Ferrer *(Sanitary Insp.II)*
2. Payment of laboratory fees	2. Collection of payment and issuance of official receipt	(Food Related Establishment)Php 80.00 (Non-Food Related Establishment) Php 65.00		Municipal Treasurer's Office personnel

3. Submit specimen with official receipt	3. Process specimen and release result (refer to Service 5)	None	35 minutes	Raymund Salapio *(MedTech I)* Kiesha T. Carumba *(MedTech I)*
4. Client / patient submit laboratory results	4.1 Receives laboratory Results 4.2 Check laboratory Result 4.3 For positive result refer to physician for proper management	None	10 minutes	Resty Ferrer *(Sanitary Insp.II)*
5. Waits	5.1 Fills-up health certificate 5.2 Encoding of clients detail. (Name, age, sex, citizenship, place of work date of issuance, date of expiration, laboratory result)	None	10 minutes	Resty Ferrer *(Sanitary Insp.II)*
6. Receives health certificate	6.1 Releasing of health certificate 6.2 Log in to client logbook	None	5 minutes	Resty Ferrer *(Sanitary Insp.I)*
	TOTAL	**None**	**25 minutes (*if with outside laboratory results*) 1 hour**	
END OF TRANSACTION				

8. Sanitary Inspection for Issuance of Sanitary Permit

Conducted to confirm that the establishment complies with the existing sanitation requirements in accordance with PD 856 (Sanitation Code of the Philippines) and Municipal Sanitation Ordinance No. 264 series of 2015.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Establishment under Sanitation Code or PD 856

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Health Card (with cream color card for food related establishment, light green card for non-food related establishment and pink card for entertainers)	Municipal Health Office-Sanitary Inspector's Office
2. Water Bacteriological Analysis result (monthly)	Private/Public Water Laboratories
3. Physico/ Chemical Test (every 6 months)	Private/Public Water Laboratories
4. Environmental Health and Sanitation Form 103-A with passing rate of at least satisfactory rating of Sanitation Standard.	Municipal Health Office-Sanitary Inspector's Office
5.Official Sanitary Inspection Fee Receipt	Municipal Treasurer's Office (Windows 1, 2 & 3)
EHS form 102	RHU

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File a request for Sanitary inspection of establishment with submission of Sanitary Inspection Receipt and Health Card	1. Receives Health card and Receipt Schedule the actual date of inspection on "first come, first serve basis"	None	10 minutes	Resty Ferrer *(Sanitary Insp.II)*

2. Back to establishment and waits for the schedule of actual inspection	2.1 Conduct actual inspection using EHS form	None	2 days*	Resty Ferrer *(Sanitary Insp.II)* *Documenter* *COS SI*
	2.2 Makes Inspection report: a. With at least Satisfactory rating (proceed to step 2.3) b. Had not reached the least satisfactory rating: b.1 issue and instruct client to do corrective measures within 30 days b.2 re-inspect establishment	None	2 hours	Resty Ferrer *(Sanitary Insp.II)*
	2.3 Fill-up data on the sanitary permit		5 minutes	
	2.4 Submit sanitary permit with inspection report to MHO		3 minutes	
	2.5 MHO reviews documents and signs sanitary permit		10 minutes	Grace F. Cortez, MD *(Mun. Health Officer)*
3. Receives Sanitary Permit	Release Sanitary Permit and record in client's logbook		2 days ,2 hours and 15 minutes	Resty Ferrer *(Sanitary Insp.II)*

			after actual inspection	
	TOTAL	**None**	**2 days and 2 hours and 25 minutes after actual inspection**	
END OF TRANSACTION				

(* Process may exceed processing time depending on the availability of the Sanitary Inspector)

9. Sanitary Inspection for Complaints

Conduct of inspection to area/ household/establishment being complained by the complainant. Service available Monday to Friday, 8:00 am to 5:00 pm.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Photocopy of complaint from barangay blotter logbook	Barangay Hall- secretary
2. Copy of settlement from barangay level	Barangay Hall-Secretary
3. Complaint letter, properly endorsed by the barangay	Barangay Hall-Secretary
4. PHilhealth ID/MDR,4P's/Senior Citizens ID	PHIC office, MSWDO

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. File a complaint with submission of requirements	1.1 Receive the complaint letter	None	10 minutes	Resty Ferrer *(Sanitary Insp.II)*
	1.2 Schedule for actual inspection			

2. Waits for actual inspection	2.1 Coordinate with Punong barangay on the schedule of actual inspection	None	***2 days**	Resty Ferrer *(Sanitary Insp.II)*
	2.2 Conduct actual inspection together with Midwife assigned in barangay,Kagawad on Health and Kagawad on Environment			
	2.3 Make inspection report and release findings and recommendation for corrective measures			
3. Do corrective measures within 15 days	3. Re-inspect after 15 days.	None		Resty Ferrer *(Sanitary Insp.II)*
	TOTAL	**None**	**2 days and 10 minutes after actual inspection**	
END OF TRANSACTION				

(* Process may exceed processing time depending on the degree of complain, and the availability of the Sanitary Inspector)

10. Immunization for Children

Provision of immunization for non-immunized/ under immunized infants 0-11 months old and children 1-5 years old and BGC immunization for newborns. Service available every first and third Tuesdays of the month from 8:00 am to 11:00 a.m.

Office :	Municipal Health Office			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Newborns, Non-immunized/under immunized children			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Mother and child booklet/Immunization record book		Barangay Health Station, Hospital		
Individual Treatment Record		Municipal Health Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Register and wait to be called	1. Admit patients and takes/records vital signs (Temperature , weight,	None	5 minutes	Lianie Sucaldito Noney Tendras *(Midwife II)*

	Respiratory Rate, Heart Rate) in ITR			May Pearl M. Amboy, R.N. Nurse I
2. Waits at the waiting area	2. Prepares vaccines and conduct advocacy/importance of National Immunization Program (NIP)	None	10 minutes	
3. Proceed to the Midwife	3. Give due immunization and record at MCB	None	20 Minutes	
4. Proceed to observation area	4. Advice mother on what to observe and what to do after immunization; returns MCB; advice to follow-up immunization at BHS schedule	None	20 minutes	
	TOTAL	**None**	**55 minutes**	
END OF TRANSACTION				

11. PRE-NATAL CARE

Provision of free quality pre-natal care to all pregnant women. Service available every Mondays, Tuesdays and Thursday of the week from 8:00 a.m. to 5:00p.m., every Wednesday at 5:00 pm to 6:00 p.m.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	All Pregnant women

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral form (Original copy duly signed by referring nurse/midwife)	Barangay Health Station
Mother and child booklet/HBR	Barangay Health Station
PHIC ID/MDR	Philhealth Office
Laboratory results(CBC , urinalysis, Blood typing, HbSAg, RPR/VDRL)	Municipal health Office- laboratory, Public/Private Diagnostic Laboratories
Individual Treatment Record	Municipal Health Office

Mother's Chart		BRHU and Birthing Facility		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to TRIAGE AREA	1 .Assess the patient's nature of visit a. Fever Lane b. Dispensing c. Laboratory d. Dental e. Medical/Prenatal f. NTP 2.Refer the patient to Queuing Area	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*
2.Proceeds to Queuing Area , secure number and wait at the waiting area	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3. Waits until call-out of number	4.1 Interview client	None	30 minutes	Cherrie Mae Salcedo Susanita Noble *(Midwife II)* *Midwife on duty*
	4.2 Fills-up ITR			
	4.3 Perform physical assessment and takes vital signs [BP, Temp., weight, height, heart rate/pulse rate, LMP (last menstrual period), EDC (expected date of confinement) and AOG (Age of gestation)].			
	4.4 Take medical and obstetrical history			
4. Proceed to Consultation room	5.1 Perform's Leopold's Maneuver (Fetal Heart Tone and Fundic Height)	None	45 minutes	Cherrie Mae Salcedo MW I Susanita Noble *(Midwife II)* Jasmin T. Yap MW II
	5.2 Health teachings			

	5.3 Giving of Tetanus, Ditheria Immunization, FeSo4, deworming tablet, Calcium Carbonate 5.4 Review birth plan 5.5 Refer to higher facility if necessary 5.6 Schedule when to return for follow-up 5.7 Advise facility to visit in case of emergency 5.7.1 If active- admit patient-secure consent 5.7.2 If not active- advise for referral			*Midwife on duty*
5. Received referral slip, signs referral logbook, and fill-out client satisfaction survey form	6.Issues gives referral slip	None	3 minutes	Navigator
	TOTAL		**1 hour and 25 minutes**	
END OF TRANSACTION				

12. Normal Spontaneous Vaginal Delivery

Normal deliveries of low risk term pregnancies ages 19 to 35 years old, Gravida 2 to Gravida 4, in accordance with the Manual of Operations of the birthing facility. Service available 24 hours, 7 days a week.

Office :	Municipal Health Office
Classification:	Complex
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Pregnant mothers, term low risk, Gravida 2 to Gravida 4
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Mother and child booklet/HBR	Barangay Health Station
PHIC ID/MDR	Patient/client
Laboratory results(CBC , urinalysis w/in 2 weeks, HBSAg, RPR/VDRL)	Patient/client

Ultrasound results (if available)		Patient/client		
Individual Treatment Record		Municipal Health Office		
Mother's Chart		BRHU and Birthing Facility		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Submits herself at the information/admitting Section	1.1 Interview client	None	30 minutes	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Jasmin Yap Noney Tendras *(Midwives II)* Cherie Mae Salcedo Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwives I)* May Pearl Manarang *(Nurse I)* Giji M. Espinosa Nurse III
	1.2 Fills-up ITR			
	1.3 Perform physical assessment and takes vital signs (BP, Temp., weight, height, heart rate/pulse rate).			
2. Proceed to examination room	2.1 Do Leopold's Maneuver	None	30 minutes	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Jasmin Yap Noney Tendras *(Midwives II)* Cherrie Mae Salcedo Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwives I)*
	2.2 Take Fundic height and Fetal heartbeat			
	2.3 Initial internal examination 2.3.1 If active- admit patient-secure consent 2.3.2 If not active- advise			

				May Pearl Manarang *(Nurse I)* Giji M. Espinosa Nurse III
2.a Receives referral slip	For referral- gives referral slip		15 minutes	
3. Proceed to labor room	3.1 Admit patient	None—PHIC members 2,500	6-8 hours	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Noney Tendras *(Midwives II)* Cherrie Mae Salcedo Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwives I)* May Pearl Manarang *(Nurse I)* Giji M. Espinosa Nurse III
	3.2 Change patient's gown/PPE			
	3.3 Put on diaper			
	3.4 Monitor labor pains, vital signs and progress of labor			
	3.5 Fill-up partograph			
3.a Receives referral slip	3.a.1 For referral- gives referral slip		15 minutes	
4. Proceed to delivery room	4.1 Prepare patient for delivery	None	1 hour	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Jasmin Yap Noney Tendras *(Midwives II)* Cherie Mae Salcedo Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwives I)* May Pearl Manarang *(Nurse I)*
	4.2 Proceed to delivery of the baby			
	4.3 Do Essential Intensive Newborn Care			
	4.4 Gives necessary medications to mother.			
	4.5 Initiate breastfeeding			
	4.6 Do repair of wound as needed			
	4.7 Transfer patient to ward/ R			

4.a Receives referral slip	4.a.1 For referral- gives referral slip	None	15 minutes	Giji M. Espinosa Nurse III Grace F.Cortez, MD (Mun. Health Officer)
5.Transfer to ward	5.1 Observation	None	30 minutes	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Jasmin Yap Noney Tendras *(Midwives II)* Cherie Mae Salcedo Edna Tagnawa Ylyn Tamon Ma. Fe Doronio Lennie Jornadal *(Midwives I)* May Pearl Manarang *(Nurse I)* Giji M. Espinosa Nurse III Midwife in-charge on Newborn care
	5.2 Monitor vital signs of mother and baby		24 hours	
	5.3 Counsel mother and father on importance of exclusive breast feeding			
	5.4 Counsel mother and father on family planning			
5.a Signs consent for NBS	5.a.1 Secure consent and do NBS		25 minutes	
6. Ready for discharge	6.1 Gives complete medications, and home instructions.	None	10 minutes	Helna Alianza Mardie Hiponia Susanita Noble Lianie Sucaldito Jasmin Yap Noney Tendras *(Midwives II)* Cherie Mae Salcedo Edna Tagnawa Ylyn Tamon

	6.2 Schedule post-partum appointment			Ma. Fe Doronio Lennie Jornadal *(Midwives I)* May Pearl Manarang *(Nurse I)* Giji M. Espinosa Nurse III
	TOTAL	**None**	**34 hours and 25 minutes**	
END OF TRANSACTION				

13. Newborn Screening

Conduct of newborn screening to all newborns delivered at Buenavista RHU and birthing facility. Service available daily to 24 hour old Newborn child.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Mother and child booklet	Barangay Health Station
Individual Treatment Record	Municipal Health Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Mother signs consent	1. Gives signed consent to Medical Technologist/Midwife	None Php 600-non PHIC	5 minutes	Raymund Salapio *(Med Tech I)* Jasmin T. Yap *(Midwife II)*
2. Waits for baby to be called	2. Prepares NBS blood extraction collects blood	None	15 minutes	
	TOTAL	**None**	**20 minutes**	
END OF TRANSACTION				

14. Family Planning and Counseling

Provision of family planning and counseling services. Service available every Mondays, Tuesdays and Thursday of the week from 8:a.m. to 5:p.m.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Newborns
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

Referral form (Original copy duly signed by referring nurse/midwife)		Barangay Health Station		
Family Planning Form 1		Nurse/ Midwife		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Family Planning Room	1.1 Check the data, ensures consent signed and medical history of the client	None	2 hours	Mardie G. Hiponia *(Midwife II)*
	1.2 Do Physical Exam and Counseling			*Midwife assigned in designated barangay*
	1.3 Provide Family Planning need			
	TOTAL	**None**	**2 hours**	
END OF TRANSACTION				

15. Pre- Marriage Counseling

Provision of family planning and counseling services. Service available every Mondays, Tuesdays and Thursday of the week from 8:a.m. to 1:00 pm

Office :	Municipal Health Office,MSWDO,Municipal Treasurer's Office
Classification:	Complex
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Couple
CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**

Pre-Marriage Counseling Form (PMC)		MSWDO		
Marriage Expectation Form (M.E.I.)		MSWDO		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Secure and fill-up M.E.I and PMC forms	1.1 Let the couple fill-up the form and collect the form once finished	None		MSWDO staff
	1.2 Orient and schedule clients for PMC			
2. Proceed to Cashier for payment	2. Receive payment from the client and issue official receipt	Php 50.00		Mun. Treasurer's Office staff
3. Come back to scheduled date of PMC	3. Do pre-marriage counseling through series of lectures and couple inter-action	None	4 hours	Mardie Hiponia *(Midwife II)* MSWDO staff
4. Receives PMC certificate and signs logbook	4. Release signed PMC certificate	None		
	TOTAL	**Php 50.00**	**4 hours**	
END OF TRANSACTION				

16. Adolescent Counseling

Provision of counseling services to adolescent. Service available every Mondays, Tuesdays and Thursday of the week from 8:a.m. to 5:p.m.

Office :	Municipal Health Office
Classification:	Simple

Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Adolescents			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
PHIC ID/MDR		PHIC Office		
Referral form (Original copy duly signed by referring nurse/midwife)		Barangay Health Station, Hospital		
Individual Treatment Record (ITR)		Municipal Health Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Adolescent Counseling Room	1.1 Fill-up ITR 1.2 Takes Vital Signs (BP,temp,weight,height)	None	10 minutes	Lianie Sucaldito *(Midwife II)*
2. Provide data on complains/problems/issues	2.1 Records complains and asks needed services 2.2 Assess the adolescent using HEADSS	None	30 minutes	Lianie Sucaldito *(Midwife II)*
3. Proceed to Consultation	3.1 Takes history and conducts physical examination to client and requests laboratory if needed, counsel patient , treats illness	None	30 minutes	Giji Espinosa *(Nurse II)* Grace F. Cortez, MD *(Mun. Health Officer)*

	3.2 Refer to concern agency/ies for any cases/problems 3.2.1 Accompany client to concern agency/ies			
4. Receives prescription/referral slip if case is complicated	4. Issues prescription /referral slip if case is complicated	None	5 minutes	Giji Espinosa *(Nurse II)* Grace F. Cortez, MD *(Mun. Health Officer)*
	TOTAL	**None**	**1 hour and minutes**	
END OF TRANSACTION				

17. Smoking Cessation Counseling

Provision of counseling services to Violators/clients. Service available every Tuesday 8:00 a.m. to 5 pm.

Office :	Municipal Health Office
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Violators/clients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Citation Ticket	Anti-smoking Task force/Tilad Task Force
ITR	Municipal Health Office- triage area
Contract Form	Municipal Health Office- SC room
SC Booklet of schedule	Municipal Health Office- SC room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present citation ticket/self for SC counseling	1.1 Interview and fill –up the ITR	None	10 minutes	Midwife on duty
	1.2 Takes vital signs			
2. Proceed to Smoking Cessation Room	2. Interview client	None	15 minutes	Grace F. Cortez, MD *(Mun. Health Officer)*
3. Signs contract when to stop smoking	3.1 Conducts counseling	None	1 hour	Giji M. Espinosa,R.N. *(Nurse III)*
	3.2 Schedule for next visit			Helna F. Alinza , R.M. *(Midwife II)*
	TOTAL	**None**	**1 hour and 25 minutes**	
END OF TRANSACTION				

18. ISSUANCE OF MEDICAL CERTIFICATE

Provision of Medical Certificate as needed for non-medico-legal purposes. Service available Monday to Friday, 8:00 am- 5:00 pm.

Office :	Municipal Health Office , Municipal Treasurer Office
Classification:	G2C – Government to Citizen
Type of Transaction:	Simple
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. PHIC ID/MDR	PHIC office
For Fit to work 2. Laboratory result – ● Urinalysis ● Stool Exam ● Chest X-ray ● Complete blood count ● Neurological exam, if necessary ● Drug test if necessary	Private and Public Hospitals; diagnostic laboratories
For PWD Certification 3. Medical Records by Attending Physician, if available	Physician
Individual Treatment Record (ITR)	Municipal Health Office-Triage Area

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TRIAGE AREA	1. Assess the patient's nature of visit a. Fever Lane b. Dispensing c. Laboratory d. Dental	None	5 minutes	Wilma E. Casumpang, RM *(Cash Clerk)*

	e. Medical/Prenatal f. NTP 2. Refer the patient to Queuing Area			
2.Proceeds to Queuing Area and secure priority/consultation number	3.Issue priority number to clients	None	2 minutes	Tricia N. Tuvilleja *(Admin Assistant I)*
3.When the priority number Is queued, proceed to triage and present the requirements	3.1 Interview client and fill-up ITR 3.2 Check Family Case ID. 3.3 Check PHIC/MDR 3.4 Check Requirements 3.5 Take vital signs and records	None	15 minutes	Cherrie Mae Salcedo Susanita Noble *(Midwife II)* *Midwife on duty*
4. Proceed to Municipal Treasurer's Office	4. Advise the Client to pay corresponding fee (For Medical Certificate Only)	Php 50.00		Revenue Collecting Officer
5. Approach the Midwife/Nurse on duty and present the Official Receipt.	5.1 Ask the Client to wait	None	15 Minutes	*Cherrie Mae Salcedo* *Susanita Noble* *(Midwife II)* *Midwife on duty and Nurse on duty*

	5.2 Conduct Risk assessment (only for 20 years old above. 5.3 Refer to Physician			
6. Proceed to the Physician	6. Conduct Physical Examination and recommendations	None	20 minutes	Tessa V. Jordas, MD Maria Soccorro H. Gavileño, MD *(Physician)* Grace F. Cortez, M.D (MHO)
6.1 For Medical Certificate (Present Lab results)	6.1 Evaluate/ Check Laboratory Results/Medical Records.			
6.2 For PWD Certification (Present Medical Records, if available)	6.2 Advise the Client to wait			
7. Wait for the Releasing	7. Typing the Medical Certificate	None	10 Minutes	MHO Personnel Incharge
	7.1 Forward the Certificate to Physician for Signature			Tessa V. Jordas, MD Maria Soccorro H. Gavileño, MD *(Physician)* Grace F. Cortez,M.D. (MHO)
	7.2 Sign the Certificate			
8. Claim the Medical Certificate/ PWD Certification, signs the receive copy	8. Release the signed Medical Certificate	None	5 Minutes	MHO Personnel Incharge

	TOTAL	**Php 50.00**	**1 hour**	
END OF TRANSACTION				

19. Preparation And Issuance Of Death Certificate (Died At Home)

Preparation and issuance Death certificate and provision of cause of death for the deceased who died at home. Service available Monday to Friday 8:00 am – 5:00 PM.

Office :	Municipal Health Office
Classification:	G2C- Government to Citizen
Type of Transaction:	Simple
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Death Certificate Form	Municipal Health Office
2. Brgy. Certification of the Deceased	Brgy. Hall concerned
3. Medical Certificate or Medical Abstract issued by the attending Physician/hospital, if available	Clinic/Hospital

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the Personnel in charge and present the requirements at the information.	1. Check the requirements if complete 2. Advised the Client to wait	None	5 minutes	Tricia N. Tuvellija MHO Personnel In charge
2.Proceed to the Physician	3.1 Interview the Client using Smart VA	None	30 minutes	Tricia Tuvellija
	3.1.1 Review the Medical Certificate issued by the attending physician			Grace F. Cortez,M.D.

	3.1.2 Certify the cause/s of death			
	3.1.3 Typing the Cause of death		10 minutes	MHO Personnel In-Charge
4. Receives Death Certificate and signs logbook	4.1 Release Death Certificate and advise social distancing and limitation in gathering	None	5 minutes	MHO Personnel In-Charge
	4.2 Instruct Patient: 4.2.1 Bring Death Certificate for signature of embalmer 4.2.2 Bring Death Certificate to Mun. Civil Registrar for registration			
	TOTAL	**None**	**40 Minutes**	
END OF TRANSACTION				

20. Review Of Death Certificate

Review and signing of Death Certificate released from Hospitals. Service available from Monday- Friday 8:00 am – 5:00 pm

Office :	Municipal Health Office
Classification:	G-C - Government to Citizen
Type of Transaction:	Simple
Who may avail:	General Public

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Duly accomplished Death Certificate	Hospital

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Approach the Personnel in-charge and present the requirements	1.1 Receives death certificate	None	10 Minutes	Tricia N. Tuvellija MHO Personnel In-charge
	1.2 Advise the Client to wait			
	1.3 Forward the Death Certificate to Physician			
2. Waits at lobby	2. Review cause of death and signs death Certificate	None	10 minutes	Grace F. Cortez,MD *(Mun. Health Officer)*
3. Claim the Death Certificate	3. Log the name of the deceased person in Death's Log Book and release the Signed Certificate.	None	5 Minutes	MHO Personnel Incharge
	TOTAL	**None**	**25 minutes**	

END OF TRANSACTION

21. ISSUANCE OF PERMIT TO TRANSFER THE CADAVER

A permit issued by the Municipal Health Officer allowing the transport of Cadaver after securing first a Death Certificate and provided that upon transfer the prescribed requirements are followed.
Service available Monday to Friday 8:00 am to 5:00 pm.

Office :	Municipal Health Office
Classification:	G2C- Government to Citizen
Type of Transaction:	Simple
Who may avail:	Authorized Person

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Death Certificate	Municipal Civil Registar

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present death certificate to information. First come first serve basis	1. Check requirement and release order of payment	None	10 minutes	Information/encoder
2. Received order of Payment and pay corresponding fees	2. Received payment and issue official receipt.	Php 75.00		Revenue Collecting Officer
3. After payment proceed to SI/Encoder	3.1 Encode and print the permit	None	35 minutes	Resty Ferrer *(Sanitary Insp.)*
	3.2 Forward the Permit to Physician for signature and advise the client to wait			Encoder

3.a Wait for the Permit	3.3 Sign the Permit		5 Minutes	Grace F,Cortez,M.D.
4. Claim the Permit	4.1 Release the Permit	None	5 Minutes	MHO Personnel in-charge
	4.2 Instruct the client to bring the document to PNP office and Mayor's office for signature			
	TOTAL	**Php 75.00**	**55 minutes**	
END OF TRANSACTION				

22. HIV Screening

Conducted to pregnant, TB patients 20 years old and above, walk-in. Service available daily to Monday to Friday, 8:00 a.m. to 5:00 p.m.

Office :	Municipal Health Office			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Mother and child booklet, Referral slip		Barangay Health Station		
Individual Treatment Record		Municipal Health Office		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.A Proceeds to NTP area 1.B. If pregnant, present referral slip from BHS 1.C Walk-in – look for Ms May Pearl Amboy	1.1 Interview client and fill-up ITR 1.2 Check Family Case ID. 1.3 Check PHIC/MDR 1.4 Check Requirements 1.5 Take vital signs and records 1.6 Do counseling 1.7. Secure consent 1.8 Refer patient to laboratory	None	30 minutes	May Pearl Amboy *(Nurse I)*
2. Proceed to laboratory	2.Extract specimen and do result reading	None	25 minutes	Raymund Salapio *(Med Tech I)*

3. Proceed to counseling area	4. Issue result to Nurse	None	2 minutes	Raymund Salapio *(Med Tech I)*
	5. If (+) counsel for confirmation	None	15 minutes	May Pearl Amboy *(Nurse I)*
4.Received referral slip and signs logbook	6. Refer patient to Social Hygiene clinic/ HAC-WVMC	None	5 minutes	May Pearl Amboy *(Nurse I)*
	7.Call referral facility for case to be confirmed	None	3 minutes	May Pearl Amboy *(Nurse I)*
	TOTAL	**None**	**1 hour and 20 minutes**	
END OF TRANSACTION				

OFFICE OF THE MUNICIPAL HEALTH OFFICER

Internal Services

1. ISSUANCE OF MEDICAL CERTIFICATE FOR PROMOTION AND NEW ENTRANCE TO GOVERNMENT SERVICES

Provision of Medical Certificate to LGU employees as needed for promotion. Service available during consultation schedule Monday, Tuesday & Thursday

Office :	Municipal Health Office
Classification:	G2G- Government to Government
Type of Transaction:	Simple
Who may avail:	LGU Employee

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Results: ● Urinalysis ● Stool Exam ● Chest Xray ● CBC ● Neuro Exam, if necessary ● Drug Test	Private and Public Hospitals; Diagnostic
Employment Medical Certificate	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Priority number	1. Give priority number, and advise the employee to wait	None	5 minutes	Midwife on duty
2. When the priority number Is queued, proceed to triage	2.1 Ask the purpose of visit 2.2 Interview client and fill-up ITR 2.3 Check Family Case ID. 2.4 Check PHIC/MDR	None	15 minute	Midwife on duty

	2.5 Take vital signs and records			
3. Proceed to the Midwife/Nurse assigned	3.1 Conduct Risk assessment (only for 20 years old above.) 3.2 Check Requirements 3.3 Refer to Physician	None	10 mins	Midwife on duty
4. Proceed to the Physician ● Present Lab results	4.1 Conduct Physical Examination and recommendations 4.2 Evaluate/ Check Laboratory Results 4.3 Sign the Employment Medical Certificate	None	20 minutes	Tessa V. Jordas, MD Maria Soccorro H. Gavileño, MD *(Physician)* Grace F. Cortez, M.D (MHO)
	TOTAL		**50 Minutes**	
END OF TRANSACTION				

2. REIMBURSEMENT OF PROCURED SUPPLIES

Processing the reimbursement of procured supplies needed by the Municipal Health Office to sustain its operation.

Office :	Municipal Health Office
Classification:	G2C- Government to Client
Type of Transaction:	Simple
Who may avail:	Client

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1.Purchase Request 2. Obligation Request 3. Disbursement voucher 4.Inspection and Acceptance Report 5. Official receipts 6. Attendance sheet (procurement of food) 7. Program of Expenditures for special purpose appropriations and capitation fund sources	Municipal Health Office

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Prepare:5 copies a. Purchase Request(PR) b. Obligation Request (OR) c. Disbursement voucher (DV) d. Inspection and Acceptance Report		None	1 hr	Lorenzo Jose Galan

2. Attach: a. Official and photocopy of receipt/s b. Original and photocopy of attendance sheet/s (food procurement) c. Program of expenditure				
3. Submit to MHO for signature	Signs documents	None	30 minutes	Grace F. Cortez,MD
	TOTAL		**1 hour and 30 minutes**	
END OF TRANSACTION				