

# **City Health Office**

**Health Services** 



### 1. Issuance and release of Death certificates, Transfer certificates or Authorization of exhumation remains

The City Health Office is the one responsible for the issuance and release of death certificates, transfer certificates or authorization of exhumation remains. The government physician is the one in charge to sign this certificate.

| Office or Division:  | City Health Of  | ffice                             |                             |  |
|--|---|-----------------------------------|-----------------------------|--|
| Classification:  | Simple  |                                   |                             |  |
| Type of Transaction:   | G2C – Goveri  | nment to Citiz                    | en                          |  |
| Who may avail:   | All/Bereaved  | family                            |                             |  |
| CHECKLIST OF REQU  | JIREMENTS   |                                   | WHERE TO SEC                | CURE   |
| Death certificate:         -       Duly accomplished death certificate form signed by the attending physician         Transfer certificate:         -       Duly accomplished death certificate form signed by the attending physician |   | - From Transfer Certi<br>- City H | Hospitals<br>Health Centers | remains:   |
| <ul> <li>Authorization of exhumation remains:</li> <li>1. Accomplished authorization of exhumation remains form</li> <li>2. Copy of PSA death certificate or authenticated death certificate by the PSA</li> </ul>                     |   |                                   |                             |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS   | FEES TO<br>BE PAID                | PROCESSING<br>TIME          | PERSON<br>RESPONSIBLE  |
| <ol> <li>Death<br/>certificate:<br/>Submit duly<br/>accomplished death<br/>certificate form<br/>signed by the<br/>attending physician<br/>in the front desk<br/>personnel.</li> </ol>  | Check the<br>completenes<br>s of the<br>accomplished<br>death<br>certificate. | None                              | 5 minutes                   | City Health Office<br>Information desk<br>personnel:<br>Administrative<br>Clerk II |
| Transfer certificate:<br>Submit duly<br>accomplished death<br>certificate form<br>signed by the<br>attending physician   | Check for the location of the funeral.  |                                   |                             |  |



| in the front desk<br>personnel.<br>Authorization of<br>exhumation<br>remains:<br>a. Accomplish<br>the<br>authorization<br>of<br>exhumation<br>remains<br>form.<br>b. Submit a<br>copy of PSA<br>death<br>certificate or<br>authenticate<br>d death<br>certificate by<br>the PSA in<br>the front<br>desk<br>personnel.         | Provide the<br>authorization<br>of<br>exhumation<br>form to be<br>filled-out by<br>the client and<br>check the<br>PSA death<br>Certificate<br>form.   |      |            |  |
|---|---|------|------------|--|
| <ul> <li>2. Death<br/>Certificate/Trans<br/>fer Certificate:<br/>Wait for the<br/>death certificate<br/>to be signed by<br/>the Government<br/>Physician.</li> <li>Authorization of<br/>exhumations<br/>remains:<br/>Wait for the<br/>Authorization<br/>form to be<br/>signed by the<br/>Government<br/>Physician.</li> </ul> | Examine the<br>death<br>certificate<br>and sign the<br>review<br>portion of the<br>death<br>certification.<br>Examine the<br>PSA death<br>certificate<br>and sign the<br>authorization<br>form. | None | 10 minutes | City Health Office<br>Information desk<br>personnel:<br>Administrative<br>Clerk II |
| <ol> <li>Claim the<br/>signed death<br/>certificate/<br/>authorization of<br/>exhumation<br/>remains.</li> </ol>  | Release the<br>signed death<br>certificate<br>form/authoriz<br>ation  | None | 5 minutes  | City Health Office<br>Information desk<br>personnel:<br>Administrative<br>Clerk II |



### 2. Water Laboratory Services

The City Health Office has a water laboratory which serves as a testing center to check if the water is safe for human consumption especially those in the food establishments.

| Office or Division:  | City Health Office   |  |                    |  |
|--|--|--|--------------------|--|
| Classification:  | Simple, Technic  | al services  |                    |  |
| Type of Transaction:   | G2C, G2B   |  |                    |  |
| Who may avail:   | All  |  |                    |  |
| CHECKLIST OF REC   | QUIREMENTS   |  | WHERE TO SE        | ECURE  |
| <ol> <li>Water bacterio<br/>form</li> <li>Sterilized bottl</li> </ol>  | •  | City Health  | Office             |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS  | FEES TO<br>BE PAID                                       | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| Get the water<br>bacteriological request<br>form examination from<br>the water laboratory<br>desk personnel.<br>(Requirements posted<br>in City Health Office) | Provide the<br>water<br>bacteriological<br>examination<br>requirement:<br>1. Water<br>bacteriol<br>ogical<br>request<br>form<br>2. Sterilize<br>d bottle | None   | 5 minutes          | City Health Office<br>Water laboratory<br>personnel:<br>Administrative<br>Assistant II |
| Filled out water<br>bacteriological request<br>form provided by the<br>water laboratory<br>personnel and Submit<br>water samples in the<br>sterilized bottle   | Receive the<br>water samples<br>in the sterilized<br>bottle with the<br>water<br>bacteriological<br>request form   | None   | 5 minutes          | City Health Office<br>Water laboratory<br>personnel:<br>Administrative<br>Assistant II |
| Pay corresponding fee  | Issue the official<br>receipt and give<br>instructions on<br>when to come<br>back to get the<br>results:<br>Bacteriological –<br>5 days                  | Bacteriol<br>ogical –<br>Php 300<br>Physico-<br>Chemical | 10 minutes         | City Health Office<br>Water laboratory<br>personnel:<br>Administrative<br>Assistant II |



|   | Physico-<br>Chemical –<br>Approximately 1<br>month        | - Php<br>2,500 |           |  |
|---|---|----------------|-----------|--|
| Present the official<br>receipt and claim the<br>printed water laboratory<br>result | Check the<br>official receipt<br>and issue the<br>results |                | 5 minutes | City Health Office<br>Water laboratory<br>personnel:<br>Administrative<br>Assistant II |





#### 3. General Consultation and Treatment Services

The CHO is the one in charge in the delivery of health services to the community and oversees the implementation of different health programs of the Department of Health (DOH). The following are the lists of DOH programs that are being implemented:

- 1. National Tuberculosis Program
- 2. National Immunization Program
- 3. Maternal, Neonatal, Child Health and Nutrition Program
- 4. Rabies Program
- 5. Dental Program
- 6. Maternal and Child Health Program
- 7. Family Planning, Reproductive Health and Sexually Transmissible Infection
- 8. Nutrition
- 9. Non-Communicable Disease Program

All these programs can be availed in all health centers located in different barangays.

| Office or Division:   | City Health Off  | City Health Office |                    |   |  |
|---|--|--------------------|--------------------|---|--|
| Classification:   | Simple   |                    |                    |   |  |
| Type of Transaction:  | G2C  |                    |                    |   |  |
| Who may avail:  | All  |                    |                    |   |  |
| CHECKLIST OF REQ  | UIREMENTS WHERE TO SECURE  |                    |                    | CURE  |  |
| Individual Treatment Rec  | ord  | Health Cente       | ers                |   |  |
| CLIENT STEPS  | AGENCY<br>ACTIONS  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                     |  |
| Proceed to admission<br>area for history taking<br>and recording section. | Secure<br>Patients<br>record and<br>interview the<br>patient.<br>Take vital<br>signs (Blood<br>pressure,<br>temperature).<br>Instruct<br>patient to go<br>to consultation<br>room. | None               | 10 minutes         | BHW/<br>Midwife on duty at<br>designated health<br>center |  |



| Proceed to Consultation<br>room for check-up of<br>the government<br>physician. | Provide<br>medical<br>consultation to<br>patients.<br>Instruct<br>patient to go<br>to treatment<br>room. | None | 15 minutes | Physician on duty<br>at designated<br>health center |
|---|--|------|------------|---|
| Proceed to Nurse's room.  | Carry out the<br>physician's<br>order and<br>advised.  | None | 10 minutes | Nurse<br>On duty at<br>designated health<br>center  |



# 4. Issuance of medical Certificate required for newly hired and promotion

One of the functions of the City Health Office is to issue and sign the medical certificate form coming from the Civil Service Commission of the newly hired employee and those employees for promotion.

| Office or Division:  | City Health Office   |  |                    |   |
|--|--|--|--------------------|---|
| Classification:  | Simple   |  |                    |   |
| Type of Transaction:   | G2G  |  |                    |   |
| Who may avail:   | Newly hired, E   | mployee  |                    |   |
| CHECKLIST OF REQ   | UIREMENTS WHERE TO SECURE  |  |                    | E   |
| <ol> <li>Medical certificate</li> <li>Laboratory results         <ul> <li>Urinalysis</li> <li>Fecalysis</li> <li>Complete Blood</li> <li>Chest X-ray</li> <li>Drug Test</li> </ul> </li> </ol> | requirements:  | City Human Resource Management and<br>Development Office (CHRMD)<br>Newly hired/Employee |                    |   |
| CLIENT STEPS   | AGENCY<br>ACTIONS  | FEES TO BE<br>PAID   | PROCESSING<br>TIME | PERSON<br>RESPONSIBL<br>E   |
| Proceed to City Health<br>Office for physical<br>examination and for<br>signing of medical<br>certificate  | Conduct<br>physical<br>examination<br>and sign the<br>fully<br>accomplished<br>medical<br>certificate<br>form with<br>remarks of<br>essentially<br>normal<br>findings. | No fee   | 15 minutes         | Any attending<br>Government<br>Physician from<br>the department<br>of City Health<br>Office |
| Receive the signed medical certificate form  | Issue the fully<br>accomplished<br>medical<br>certificate  | No fee   | 5 minutes          | Any attending<br>Government<br>Physician from<br>the department<br>of City Health<br>Office |



## 5. Issuance of Sanitary Permit

One of the functions of the City Health Office is to issue Sanitary Permit as one of the requirements on the Sanitation Code.

| Office or Division:   | City Health Office                                       |                    |                    |  |
|---|--|--------------------|--------------------|--|
| Classification:   | Simple   |                    |                    |  |
| Type of Transaction:  | G2C, G2B   |                    |                    |  |
| Who may avail:  | All  |                    |                    |  |
| CHECKLIST OF REQ  | UIREMENTS  |                    | IERE TO SECUR      | E  |
| <ol> <li>Business permit</li> <li>Official receipt of</li> <li>Approval of sanita</li> </ol>  |  | Clients            |                    |  |
| CLIENT STEPS  | AGENCY<br>ACTIONS  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBL<br>E  |
| Present the necessary<br>requirements provided<br>by the Business Permit<br>and Licensing Office<br>(BPLO):<br>4. Business permit<br>5. Official receipt<br>of payment<br>6. Approval of<br>sanitary<br>inspector | Review and<br>evaluate the<br>submitted<br>requirements. | No fee             | 10<br>minutes      | City Health<br>Office<br>Sanitation<br>Inspector:<br>Sanitation<br>Inspector I |
| Claim the Sanitary<br>Permit.   | Sanitary<br>Permit                                       | No fee             | 5 minutes          | City Health<br>Office<br>Sanitation<br>Inspector:<br>Sanitation<br>Inspector I |



### 6. Basic Laboratory Services

One of the functions of the City Health Office is to provide basic laboratories to the community. The laboratories are placed in the health center which served as the community- based and patient directed in providing basic public health services.

| Office or Division:   | City Health Of  | fice   |                    |   |
|---|---|--|--------------------|---|
| Classification:   | Simple, Complex   |  |                    |   |
| Type of Transaction:  | G2C   |  |                    |   |
| Who may avail:  | All   |  |                    |   |
| CHECKLIST OF REQ  |   | WF   | HERE TO SECUR      | E   |
| Laboratory reques<br>attending physicia   |   | Health Centers/Cli   | inics/Hospitals    |   |
| CLIENT STEPS  | AGENCY<br>ACTIONS   | FEES TO BE<br>PAID   | PROCESSING<br>TIME | PERSON<br>RESPONSIBL<br>E   |
| Secure laboratory<br>request from the<br>attending physician.                                     | Provide and<br>give<br>instructions on<br>the laboratory<br>request                               | No fee   | 15 minutes         | Attending<br>physician/<br>Nurse<br>on duty<br>designated at<br>health center |
| Proceed to health<br>center with laboratory<br>and present the request<br>to the laboratory aide. | Receive the<br>laboratory<br>request  | No fee   | 5 minutes          | Laboratory<br>aide<br>on duty<br>designated at<br>health center               |
| Prepare for the collection of laboratory specimen   | Collect<br>specimen and<br>give<br>instructions on<br>when to come<br>back to get<br>the results. |  | 15 minutes         | Medical<br>Technologist<br>on duty<br>designated at<br>health center          |
| Pay the corresponding fee.  | Issue the<br>official receipt.  | Urinalysis –<br>Php 50<br>Fecalysis –<br>Php 50<br>Hemoglobin and<br>Hematocrit –<br>Php 50<br>Complete Blood<br>Count (CBC)-<br>Php 100 | 5 minutes          | Laboratory<br>aide<br>on duty<br>designated at<br>health center               |



|                   |                                   | CBC with<br>Platelet –<br>Php 150    |           |   |
|-------------------|-----------------------------------|--------------------------------------|-----------|---|
|                   |                                   | Blood typing with<br>RH –<br>Php 150 |           |   |
|                   |                                   | HbsAG<br>Screening test –<br>Php 180 |           |   |
|                   |                                   | Pregnancy Test -<br>Php 120          |           |   |
|                   |                                   | Dengue Rapid<br>Test/ NS1 –<br>Free  |           |   |
| Claim the result. | Issue the<br>laboratory<br>result | No fee                               | 5 minutes | Laboratory<br>aide<br>on duty<br>designated at<br>health center |



## 7. Basic X-ray Services

One of the functions of the City Health Office is to provide basic X-ray to the community. The X-ray are placed in the health center which served as the community- based and patient directed in providing basic public health services.

| Office or Division:  | City Health Office  |  |                    |  |
|--|---|--|--------------------|--|
| Classification:  | Simple, Comp  | lex  |                    |  |
| Type of Transaction:   | G2C   |  |                    |  |
| Who may avail:   | All   |  |                    |  |
| CHECKLIST OF REQ   |   | WHERE TO SECURE  |                    |  |
| X-ray request sigr<br>attending physicia   |   | Health Centers/Clinics/Hospitals   |                    |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS   | FEES TO BE<br>PAID   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| Secure x-ray request from the attending physician.   | Provide and<br>give<br>instructions on<br>the x-ray<br>request                              | No fee   | 15 minutes         | Attending<br>physician<br>Nurse<br>on duty<br>designated at<br>health center |
| Proceed to health<br>center with x-ray and<br>present the request to<br>the radiologic<br>technician aide. | Receive x-ray<br>request  | No fee   | 5 minutes          | x-ray aide<br>on duty<br>designated at<br>health center                      |
| Prepare for x-ray  | Perform x-ray<br>and give<br>instructions on<br>when to come<br>back to get<br>the results. | No fee   | 15 minutes         | Radiologic<br>Technologist<br>on duty<br>designated at<br>health center      |
| Pay the corresponding fee.   | Issue the<br>official receipt.  | Chest x-ray PA<br>view:<br>Adult – Php 160<br>Pedia – Php 150<br>Chest x-ray<br>Lateral view:<br>Adult – Php 160<br>Pedia – Php 150<br>X-ray from pre-<br>employment and<br>from health care<br>refei 16<br>Php<br>160 | 5 minutes          | x-ray aide<br>on duty<br>designated at<br>health center                      |



|                    |                              | Lumbo Sacral<br>AP Lateral – Php<br>450<br>Extremities AP-<br>Oblique – Php<br>300<br>Extremities<br>Lateral – Php<br>300 |           |   |
|--------------------|------------------------------|---|-----------|---|
| Claim the results. | Issue the X-<br>ray results. | No fee  | 5 minutes | x-ray aide<br>on duty<br>designated at<br>health center |