



**MUNICIPAL HEALTH OFFICE
EXTERNAL SERVICES**

1. MEDICAL CONSULTATION

| | | | | |
|--|--|-------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–Government to Citizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Individual treatment Record | | Municipal Health Office | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Medical treatment acquired health educated | None | 10-30 mins. | MHO, PHN, RHM, MT OR BHA |
| 2. Ask for assistance to Barangay Health Aide for Individual treatment Plan Record | | | | |
| 3. Vital signs determination | | | | |
| 4. Medical Examination by a doctor, nurse or midwife | | | | |
| 5. Medical Advice/Medical Treatment/ Health Education | | | | |
| 6. Dispensing medicine to the patient | | | | |
| TOTAL | | None | 10-30 mins. | |

2. LABORATORY EXAMINATIONS

(a.GeneXpert examination, b.Urinalysis, c.Fecalysis, d.Complete blood counts and Capillary Blood Glucose determination)

| Office or Division: | Municipal Health office | | | |
|--|---------------------------|------------------------|---|---------------------------|
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–Government to Citizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Laboratory Request | | | | |
| Proof of payment or Pantawid ID | | | | |
| Laboratory Specimen | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office laboratory section | Laboratory Result issued | 100.00 | *GeneXpert (4 hours) *Urinalysis *Fecalysis *Complete blood counts (30 mins) *Capillary Blood Glucose determination (10 mins) | Medical Technologist |
| 2. Present the Doctor's laboratory request to the medical technologist | | | | |
| 3. Payment of laboratory fee or present your Pantawid ID (Issued by the LGU for indigent family) to BHA or RHM for free urinalysis, fecalysin and Complete blood count | | | | |
| 4. Collection of specimen by the patient | | | | |
| 5. Preparation/analysis of specimen by the medical technologist | | | | |
| 6. preparation, recordings and issuance of laboratory result. | | | | |
| TOTAL | | 100.00 | - | |

3. MATERNAL AND CHILD CARE(PRE NATAL-CARE)

| | | | | |
|---|---|------------------------|------------------------|--|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Home based mother record | | | Midwives | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Pre-natal diseases prevented/ treated- Vaccination done | None | 30 mins | Municipal Health Officer, Public Health Nurse, RHM |
| 2. Ask for assistance to Barangay Health Aid for individual treatment plan record | | | | |
| 3. Vital Signs determination | | | | |
| 4. Medical Examination by doctor, nurse or midwife | | | 15 mins | |
| 5. Medical advice/ Medical treatment/ Health education / vaccination | | | 5 mins | |
| 6. Dispensing medicine to the patient | | | | |
| TOTAL | | None | 50 mins | |

4. MATERNAL AND CHILD CARE
(POST NATAL CARE)

| Office or Division: | Municipal Health office | | | |
|--|---|------------------------|------------------------|---------------------------|
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Home-based Mothers Record | | | Midwives | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Clinic or home Visitation | - postpartum complication prevented/treated | None | 15 mins | Midwives |
| 2. Vital signs determination | | | | |
| 3. Medical Examination by doctor, nurse or midwife | - Breast feeding practiced | | 10 mins | |
| 4. Medical advice/Medical Treatment/Health Education | | | 20 mins | |
| 5. Dispensing medicine to the patient | - Birth control/ birth spacing observed | | | |
| TOTAL | | None | 45 mins. | |

5. MATERNAL AND CHILD CARE
(NEONATAL/CHILD CARE)

| | | | | |
|---|--------------------------|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Under five clinic records | | | Midwives | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Clinic or home Visitation | Fully immunized children | None | 60 mins | MHO, PHN, RHM |
| 2. Vital signs determination | | | | |
| 3. Medical Examination by doctor, nurse or midwife | | | | |
| 4. Referred for newborn screening | | | | |
| 5. Medical advice/Medical treatment/ Health Education | | | | |
| TOTAL | | None | 60 mins. | |

6. FAMILY PLANNING

| | | | | |
|--|--|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | |
| Couple (Husband & Wife) | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | <ul style="list-style-type: none"> - good family planning practice - Good birth spacing - Health family | None | 10-30 mins | MHO, PHN, RHM |
| 2. Ask for assistance to Barangay Health Aide for individual treatment plan record | | | | |
| 3. Vital signs determination | | | | |
| 4. Medical Examination by doctor, nurse or midwife | | | | |
| 5. Medical Advice/ Medical treatment/ Health Education | | | | |
| 6. Dispensing medicine to the patient | | | | |
| TOTAL | | None | 10-30 mins. | |

7. CONTROL OF COMMUNICABLE, DEGENERATIVE AND NEWLY EMERGING DISEASES

| | | | | |
|--|-------------------------|------------------------|----------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| n/a | | n/a | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Community assembly | Low morbidity Rate | None | 30 mins | MHO, PHN, RHM, BHW |
| 2. Case finding | | | 1 hr. | |
| 3. Medical examination by a doctor, nurse or midwife | Low Mortality Rate | | 30 mins | |
| 4. Medical Advice/ Medical treatment/ Health Education | | | 20 mins. | |
| 5. Dispensing medicine to the patient | Healthy Community | | | |
| TOTAL | | None | 2hrs & 20 mins. | |

8. ENROLL TO TB-DOTS

| | | | | |
|--|-------------------------|-------------------------------------|-----------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Chest X-ray and GeneXpert | | Microscopist & Medical Technologist | | |
| Positive TB | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office/ Barangay Health Station | Enrolled to TB-Dots | None | 30 mins | MHO, PHN, RHM, MT, BHW |
| 2. Present Chest X-ray positive TB and GeneXpert Examination | | | 4hrs. | |
| 3. Recording and processing of agreement form for continuous treatment | 1 hr. | | | |
| 4. Patient counseling and assigning treatment partner | | | | |
| 5. Dispensing medicine to the patient and treatment partner | | | | |
| | TB patients cured | | | |
| TOTAL | | None | 5 hrs. & 30mins. | |

9. ISSUANCE OF MEDICAL CERTIFICATE

| | | | | |
|--|-------------------------|-------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Laboratory test result (Urinalysis, Fecalysis, Chest X-ray, HBs Ag determination, CBC, Drug testing, Neuro-examination) | | Municipal Health Office | | |
| Proof of payment | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Medical Certificate | 100.00 | 10-30 mins | MHO, PHN, RHM, MT, BHA |
| 2. Ask for assistance to Barangay Health Aid for individual treatment plan record | | | | |
| 3. Vital signs determination and present the laboratory test results | | | | |
| 4. Medical Examination by a doctor, nurse or midwife | | | | |
| 5. Medical Advice/ Medical Treatment/ Health Education | | | | |
| 6. Dispensing medicine to the patient and payment for medical certificate fee | | | | |
| 7. Preparation and issuance of Medical Certificate | | | | |
| TOTAL | | 100.00 | 10-30 mins. | |

10. ISSUANCE OF GENDER CERTIFICATE

| | | | | |
|--|-------------------------|-------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Laboratory test result (Urinalysis, Fecalalysis, Chest X-ray, HBs Ag determination, CBC, Drug testing, Neuro-examination) | | Municipal Health Office | | |
| Proof of payment | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Gender Certificate | None | 30 mins | MHO, PHN, RHM, BHA |
| 2. Ask for assistance to Barangay Health Aid for individual treatment plan record | | | | |
| 3. Vital signs determination and present the laboratory test results | | | | |
| 4. Medical Examination by a doctor, nurse or midwife | | | | |
| 5. Medical Advice/ Medical Treatment/ Health Education | | | | |
| 6. Dispensing medicine to the patient and payment for medical certificate fee | | | | |
| 7. Preparation and issuance of Medical Certificate | | | | |
| TOTAL | | None | 30 mins. | |

11. ISSUANCE OF DEATH CERTIFICATE

| | | | | |
|---|-------------------------|----------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Burial Permit | | Rural Sanitation Inspector | | |
| Proof of payment | | | | |
| Medical abstract from the hospital, written certification of Brgy. Captain or BHW that death really occurred | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Secure burial permit | Gender Certificate | None | 30 mins | MHO, PHN, RHM, BHA |
| 2. Payment for death certificate | | | | |
| 3. Proceed to Municipal Health Office | | | | |
| 4. Present Medical Abstract from the latest hospital admission, written certification of Brgy. Captain or BHW that death really occurred. | | | | |
| 5. Preparation of Death Certificate | | | | |
| 6. Registration and Issuance of Death Certificate | | | | |
| 7. Secure death cert, copy for MHO files | | | | |
| TOTAL | | None | 30 mins. | |

12. ISSUANCE OF MEDICAL CERTIFICATE FOR BIRTH CERTIFICATE

| | | | | |
|--|---|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Under Five Clinic Card | | Nurse | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Barangay Health Station | Medical Certificate for Birth Certificate | None | 30 mins | PHN, RHM |
| 2. Present under five clinic cards | | | | |
| 3. Verification of data | | | | |
| 4. Issuance of Medical certificate to acquire Birth Certificate from the LCR | | | | |
| TOTAL | | None | 30 mins. | |

13. ISSUANCE OF MEDICOLEGAL REPORT

| | | | | |
|--|--|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–Government to Citizen G2G- Government to Government | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Medicolegal Request | | PNP | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Present PNP request for medicolegal examination | Medicolegal Report | None | 2-4 hrs. | MHO, RSI |
| 2. Physical examination of the subject | | | | |
| 3. Preparation and Issuance of the Medicolegal report back to PNP | | | | |
| 4. Issuance of Medical certificate to acquire Birth Certificate from the LCR | | | | |
| TOTAL | | None | 2-4 hrs. | |

14. DENTAL CONSULT

| | | | | |
|---|---|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Dental Record | | Municipal Dentist | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office dental section | Dental Health educated; Dental Treatment acquired | None | 1 hr. | Municipal Dentist, BHW |
| 2. Ask for assistance for dental records | | | | |
| 3. Vital signs determination | | | | |
| 4. Dental Examination | | | | |
| 5. Dental Advice/ Dental treatment/ Dental Health Education | | | | |
| 6. Dispensing of medicine to the patient | | | | |
| TOTAL | | None | 1 hr. | |

15. ISSUANCE OF SANITARY PERMIT

| | | | | |
|--|-------------------------|---------------------------------|---|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Laboratory requirements and employees' medical certificates | | MHO/ Rural Sanitation Inspector | | |
| Proof of payment | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Pre- inspection of the establishment | Sanitary Permit | 125.00 | 1 hr. | |
| 2. Present laboratory requirements of the establishments 2.a. For Water Refilling Station 2.a.a For RAW Water Water sample of physical, chemical and microbiological test. 2.a.b. After Installation Water sample of physical, chemical and microbiological test 2.a.c. inspection of Sanitary engineer for the DOH Requirements. 2.b. for food Establishments 2.b.a. Laboratory requirements of the establishment 2.b.b. Yearly Water sampling | | | 5 days for result | |
| | | | 1 day for the inspection of sanitary engineer | |

| | | | | |
|---|--|---------------|-----------------------------------|--|
| 3. Medical examinations by the doctor | | | | |
| 4. Proceed to Municipal health office | | | 30 mins. for issuance | |
| 5. Processing and Issuance of sanitary permit | | | | |
| TOTAL | | 125.00 | 6 days 1 hr.& 30 mins. | |

16. DISEASE SURVEILLANCE AND MONITORING

| | | | | |
|---|-------------------------|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| None | | N/A | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Disease controlled | None | 30mins. | MHO, PHN, RSI, RHM |
| 2. Report to rural sanitary inspector of any increasing cases of notifiable disease | | | | |
| 3. Investigate and inspection of RSI to site | | | | |
| 4. Reporting and Conduction of any test confirmation | | | | |
| 5. Action planning and application | | | | |
| TOTAL | | None | 30 mins. | |

17. ENVIRONMENTAL SANITATION

| | | | | |
|---|-------------------------|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| None | | N/A | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Inspection and investigation of households regarding water source and toilet facilities by RSI | Health Community | None | 60 mins. | MHO, RSI |
| 2. Sanitary health Education/ Campaign for deep well and sanitary toilet construction | | | | |
| 3. Provision of safe water supply and concrete toilet bowl (if applicable) | | | | |
| TOTAL | | None | 60 mins. | |

18. ATTENDING COMPLAINTS REGARDING ANY ESTABLISHMENTS

| | | | | |
|--|-------------------------|------------------------|------------------------|------------------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Written Complaint | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Reporting and submit a written complaint against the establishment (if not settled to the barangay level) | Complaint Settled | None | 60 mins. | MHO, RSI, Barangay Official or BHW |
| 2. Inspection and investigate | | | | |
| 3. Issuance of sanitary Order/ Sanitary health Education/ Sanitary Advice | | | | |
| 4. Follow-up monitoring | | | | |
| TOTAL | | None | 60 mins. | |

19. AVAILMENT OF ANTI RABIES VACCINE

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|--|--|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Vaccination Card if have previous vaccination | | n/a | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Vaccination Done Schedule of Next Visit | 50.00 | 1 hr. | MHO, PHN, NURSE, RHM |
| 2. Ask for assistance to Barangay Health Worker for individual Treatment Plan Record | | | | |
| 3. Vital sign determination | | | | |
| 4. Nurse/Midwife on duty to conduct thorough assessment and evaluation of the client. | | | | |
| 5. Administer appropriate treatment: (Anti-rabies, Anti Tetanus, ERIG) depending on the category of the bite | | | | |
| 6. Schedule next follow up visit | | | | |
| TOTAL | | None | 1 hr. | |

20. AVAILMENT OF FREE MEDICINE

| | | | | |
|---|-------------------------|------------------------|------------------------|------------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Prescription | | Barangay Health Aide | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Medicine prescriptions | None | 5-10 mins. | Duty on Pharmacy, RHM, Nurse |
| 2. Present the prescription to the Pharmacy | | | | |
| 3. Record and prepares the medication | | | | |
| 4. Accept complete dose of medication | | | | |
| TOTAL | | None | 5-10 mins. | |

21. AVAILMENT OF PRE-MARRIAGE COUNSELLING

| | | | | |
|--|---------------------------------------|------------------------|----------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| NONE | | N/A | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Municipal Health Office | Pre-marriage counselling certificates | None | | RHM, PHN |
| 2. Ask for assistance to Nurse/Midwife on duty for interviews and schedule of applicant for Pre-Marriage Counselling | | | 2-3 mins. | |
| 3. Attend the scheduled Pre-Marriage Counselling seminar | | | 40-60 mins. | |
| 4. Received Pre-Marriage counselling certificates | | | | |
| TOTAL | | None | 1 hour & 3mins. | |

22. SWAB TESTING FOR THOSE WHO HAVE IDENTIFY CLOSE CONTACT OF CONFIRMED CASE

| | | | | |
|---|---|------------------------|------------------------|----------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen G2G – Government to Government | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| NONE | | N/A | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Call COVID-19 Hotline #: 09308168485 to report if you or someone had exposure to confirmed case of COVID-19 | Result of Swab Test / Medical Certification | None | | Contact Tracers/ Swab team |
| 2. Contact tracing team will conduct interview and contract tracing procedure | | | | |
| 3. All identified closed contact will be collected the data through phone interview for case investigation form and will schedule for swabbing/specimen collection. | | | | |
| 4. After specimen is collected, the client will be advise for quarantine until further advise depending on the result of the test. | | | 10-20 mins. | |
| 5. The specimen will be sent to Molecular Laboratory (RITM, REDCROSS, etc.) | | | | |
| 6. Wait until the result will be released | | | 5-6 mins. | |

| | | | | |
|---|--|-------------|----------|--|
| 7. After the result has been released the Contact Tracing Team will conduct the tested individual regarding result. | | | 2-5 hrs. | |
| 8. If the result is positive, the client will be subjected for quarantine in line with the DOH/IATF procedure. If negative, they can ask for a copy of test result to Municipal Health Office | | | 1-3 days | |
| TOTAL | | None | - | |

23. COVID RESPONSE / ISOLATION / QUARANTINE OF COVID-19 CONFIRMED CASE

| | | | | |
|---|---|-----------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen G2G – Government to Government | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Quarantine | | Medical Technologist/ Nurse | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Individuals who are confirmed positive case of COVID-19 either tested conducted by MHO Personnel or reported through email with positive result or coordinated with other LGU's will expect a phone call from Contact Tracing Team and will be advised for necessary action and management to control the spread of the infection as per guidelines of DOH / IATF. | Compliance for COVID-19 Isolation/ Recovery | None | 10-14 days | Covid-19 patient |
| 2. All positive result will be sent and reported to Epidemiology Surveillance Unit (RESU/PESU) | | | | |

| | | | | |
|---|--------------|-------------|-------------------|--|
| <p>3. RHU Personnel, Contact Tracing Team will refer the confirmed case depending on severity classification: *ASYMPTOMATIC - will refer to isolation facility to complete 14 days quarantine. * MILD - may stay at home providing the client is alone on his/her house with bathroom or may refer to hospital until declared recovered. *MODERATE / SEVERE - may refer to ICU until declared recovered by hospital.</p> | | | | |
| <p>4. Upon recovery, the client may ask for a copy of result of RT-PCR and medical certification</p> | | | | |
| | TOTAL | None | 10-14 days | |

24. AVAILMENT OF COVID-19 VACCINE

| | | | | |
|--|-------------------------|------------------------|------------------------|---------------------------|
| Office or Division: | Municipal Health office | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C–GovernmenttoCitizen | | | |
| Who may avail: | All | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| None | | N/A | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Proceed to Barangay Health center to include their names in the list | Vaccination Done | None | 40 mins | Vaccinee |
| 2. BHW will identify the category of the client and may ask certification depending on the category. | | | | |
| 3. BHW will send list of names of candidate vaccinee | | | | |
| 4. RHU Personnel will validated, encoded and consolidated for schedule | | | | |
| 5. RHU Personnel will send back the names to the designated barangay as confirmation of schedule. | | | | |
| 6. BHW will inform those individuals who are included in the next schedule of vaccination. RHU Personnel also posted schedule at FB Page regarding the schedule of next vaccination. | | | | |

| | | | | |
|--|--|-------------|-----------------|--|
| 7. Scheduled individual must proceed to Jacobo Zobel Elementary School on the day of their schedule. | | | | |
| 8. Follow step by step at the COVID vaccination area. | | | | |
| 9. After vaccination received, vaccinator will advise for the next schedule of second dose. | | | | |
| TOTAL | | None | 40 mins. | |