



CITY HEALTH OFFICE

CITIZEN'S CHARTER



CITY HEALTH OFFICE

EXTERNAL SERVICES



1. PROVIDE IMMUNIZATION SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All pregnant residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Existing Growth Chart Form (For first time clients, the midwife on duty will provide the Growth Chart Form)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the data being asked	1. Check the existing record of the client For first time client, new form will be given and fill up	None	3 minutes	Barangay Health Center: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
3. Receive immunization	3.1 Provide immunization	None	5 minutes	Barangay Health Center: Midwife on duty
	3.2 Provide post-immunization instructions	None	3 minutes	
Fill-out Client Satisfaction Rating Form				
TOTAL		None	26 minutes	



2. PROVIDE PRE-NATAL EXAMINATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All pregnant residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Existing Home-Based Mother Record (For first time clients, the Midwife on duty will provide the Home-Based Mother Record)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the data being asked	1. Accomplish the Home-Based Mother Record	None	3 minutes	Barangay Health Center: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
3. Undergo the Pre-Natal Examination Health Education	3. Provide Pre-Natal Examination Health Education and available medicines	None	10 minutes	Barangay Health Center: Midwife on duty
Fill-out Client Satisfaction Rating Form				
TOTAL		None	28 minutes	



3. PROVIDE MEDICAL CONSULTATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Existing Individual Treatment Record (For first time clients, the Midwife on duty will provide the Individual Treatment Record)		City Health Office		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide medical history	1. Interview the patient	None	5 minutes	Barangay Health Center: Midwife on duty
2. Undergo the examination	2.1 Record the vital signs and conduct physical examination	None	15 minutes	Barangay Health Center: Midwife on duty
	2.2 Prescribe the appropriate medicine(s) and medical advice	None	5 minutes	
3. Receive the medicine	3. Provide the medicine (if available)	None	2 minutes	Barangay Health Center: Midwife on duty
Fill-out Client Satisfaction Rating Form				
TOTAL		None	27 minutes	

NOTE: If hospitalization is required, fill-out the referral form to the hospital-of-choice.



4. PROVIDE DENTAL CARE SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register the name in the logbook and receive a call number	1.1 Assist the client and provide a call number	None	3 minutes	Dental Aide
	1.2 Record the patient's blood pressure and vital signs	None	5 minutes	
2. Undergo teeth examination	2. Examine the teeth of the patient	None	5 minutes	Dentist on duty
3. Receive dental care service (tooth extraction, prophylaxis and gum treatment)	3.1 Provide dental care service (tooth extraction, prophylaxis and gum treatment)	None	45 minutes	Dentist on duty
	3.2 Prescribe the appropriate medicine (if available)	None	2 minutes	
Fill-out Client Satisfaction Rating Form				
TOTAL		None	1 hour	

NOTE: Clients can avail the following services: Tooth Extraction, Prophylaxis (For Pre-schools and Pregnant Women), Gum Treatment.

For critical cases, the patient is being referred to other public/private clinics/hospitals that can accommodate his/her needs.



5. ISSUANCE OF ANTI-TUBERCULOSIS RESULTS AND MEDICINES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked and undergo the examination	1.1 Interview the patient and conduct physical examination 1.2 Refer to TB DOTS Clinic	None	5 minutes	Barangay Health Center: Midwife on duty
2. Submit the specimen	2.1 Collect the specimen	None	5 minutes	Armand Lasquete; AmielynMangalubnan; Marites Chua NTP Nurse
	2.2 Provide the releasing date of the result	None	2 minutes	Dra. Maria Rossini de Ausen;
	2.3 Assess the result of the specimen	None	2 days	Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo;
	2.4 If positive, enroll the patient to NTP Nurse	None	20 minutes	Dra. Gelyn Golamco; Dr. Edgardo Figueroa; Dra. Cherie Lyn Tumilba-Boque; Dra Jennifer Roamar Doctors Romina Bautista;



				Wilson Uy; Rhina Rea Padura
3. Receive the medicine	3. Issue the TB medicine supply band and provide instructions of intake	None	5 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
TOTAL		None	2 days, 37 minutes	

NOTE: All TB patients enrolled will undergo the HIV testing for free at Imus Reproductive and Wellness Center (Velarde Health Center)

6. ISSUANCE OF ANTI-LEPROSY MEDICINES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	1. Gather the background information and medical history of the patient	None	3 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
2. Undergo the examination	2.1 Examine the patient for signs and symptoms of leprosy and conduct laboratory examination	None	30 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
	2.2 Enroll the patient for multi-drug therapy and provide lecture to the patient	None	10 minutes	Romina Bautista; Wilson Uy; Rhina Rea Padura
Fill-out Client Satisfaction Rating Form				
TOTAL		None	43 minutes	



7. ISSUANCE OF HEALTH-RELATED CERTIFICATIONS

Concerned citizens may request the following:

- Burial Transfer and Exhumation Permit
- Certificate of Potability
- Medical Certificate for various purposes

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	For death occurred in Imus (Burial Transfer and Exhumation Permit); All business establishments in Imus (Certificate of Potability); All residents of Imus (Medical Certificate)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Photocopy of Death Certificate (for Burial Transfer and Exhumation Permit)		City Civil Registrar's Office		
Latest Physical and Chemical Test and Microbiological Test Result (for Certificate of Potability)		Respective Laboratory		
Accomplished Medical Certificate Form from Tricycle Regulatory Unit (for Certificate of Tricycle Franchise) – For Sanitary Inspectors		Tricycle Regulatory Unit		
Barangay Clearance		Respective Barangay		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements	1. Assess the requirements	None	3 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors Dra. Maria Rossini de



				Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dr. Edgardo Figueroa; Dra. Cherie Lyn Tumilba-Boque; Dra Jennifer Roamar Doctors
2. Undergo medical examination	2.1 Conduct medical examination (for Medical Certificate)	None	10 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dr. Edgardo Figueroa; Dra. Cherie Lyn Tumilba-Boque; Dra Jennifer Roamar Doctors
	2.2 Process the request	None	5 minutes	
3. Receive the document	3. Release the document	None	2 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy;



				Bernie Reyes; Arnold Sanchez Sanitary Inspectors Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dr. Edgardo Figueroa; Dra. Cherie Lyn Tumilba- Boque; Dra Jennifer Roamar Doctors
Fill-out Client Satisfaction Rating Form				
TOTAL		None	20 minutes	

8. ISSUANCE AND RENEWAL OF SANITARY PERMIT

OFFICE OR DIVISION	City Health Office		
CLASSIFICATION	Simple		
TYPE OF TRANSACTION	G2B – Government to Business		
WHO MAY AVAIL THE SERVICE	All business establishments in Imus		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For New Applications			
Accomplished Business Assessment Form		Business Permits and Licensing Office	



Latest result of Water Microbiological Examination (for food establishment and water station)		Respective Laboratory		
Latest result of Laboratory Examination of employees		Respective Clinics		
Sanitary Clearance for the last three (3) months (proof that the establishment is already inspected)		City Health Office		
For Renewal Applications				
Accomplished Business Assessment Form		Business Permits and Licensing Office		
Latest result of Microbiological Examination (for food establishment and water station) Monthly test from January to December of the previous year		Respective Laboratory		
Latest result of Laboratory Examination of employees - two (2) results within the year with a six months interval		Respective Clinics		
Previous Sanitary Clearance		City Health Office		
Certificate of Disposal from Private Contractor (for health care facility- Disposal of infectious waste)		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements	1.1 Assess the requirements	None	3 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
	1.2 Process the request	None	3 minutes	Sanitary Inspectors
2. Receive the document	2. Release the document	None	2 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
Fill-out Client Satisfaction Rating Form				
TOTAL		None	43 minutes	

NOTE: All business establishments undergo the site inspection beforehand and receive the Sanitary Clearance to be presented during the application and renewal of Sanitary Permit.



9.ISSUANCE OF HEALTH CERTIFICATE

For employment purposes only

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All employed individuals in the City of Imus			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Certificate from Department of Health (DOH) Accredited Laboratories <ul style="list-style-type: none"> • Results of Fecalalysis • Results of Chest X-ray • Results of Urinalysis • Results of Drug Test 		From DOH Accredited Laboratories		
Vaccination Card		Client		
One (1) Government Issued or any valid I.D.		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements	2. Verify the submitted requirements and refer to the City Treasurer's Office for the payment	None	5 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
2. Claim the Order of Payment	2. Issue Order of Payment	None	2 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
3. Pay the required fee	3. Accept the payment and issue an	Php 130.00	15 minutes	City Treasurer's Office



	Official Receipt (O.R.)			(Windows 10 and 11)
4. Attend the HIV Seminar at Velarde Health Center (For first time applicants only)	4.1 Conduct the HIV Seminar	None	10 minutes	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
	4.2 Process the request	None	5 minutes	
5. Receive the document	5. Release the document	None	1 minute	Felisa delos Santos; Ruben Añonuevo Jr; Liana Erica Baloy; Bernie Reyes; Arnold Sanchez Sanitary Inspectors
Fill-out Client Satisfaction Rating Form				
TOTAL		None	38 minutes	



10. PROVIDE HIV TESTING AND SATELLITE TREATMENT HUB

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Barangay Clearance			Respective Barangay	
One (1) Government Issued or any valid I.D.			Client	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	1. Interview the patient and conduct pre-test counseling	None	30 minutes	Dr. Ferdinand Mina; Romina Bautista; Rina Padura; Wilson Uy; NheaRedrico HIV Counselors
2. Undergo HIV Testing	2.1 Conduct HIV Testing	None	40 minutes	AmandLasquete
	2.2 Conduct post-test counseling (if positive)	None	15 minutes	Dr. Ferdinand Mina; Romina Bautista; Rina Padura; Wilson Uy; NheaRedrico HIV Counselors
3. Receive treatment	4. Provide treatment	None	15 minutes	Dr. Ferdinand Mina
Fill-out Client Satisfaction Rating Form				
TOTAL		None	1 hour, 40 minutes	

NOTE: You can avail the service at Imus Reproductive and Wellness Center located at Velarde Health Center



11. PROVIDE ANTI-RABIES VACCINATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Barangay Clearance			Respective Barangay	
One (1) Government Issued or any valid I.D.			Client	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	1. Interview and assess the patient	None	5 minutes	Romina Bautista; Arlene Angeles; AprilynVaquez
2. Undergo the physical examination	2. Record the vital signs of the patient and conduct physical examination and categorization	None	15 minutes	Dr. Ronaldo Calingasan; Dra. Ma. Rhodora Coronado; Dr. Ferdinand Mina
3. Receive anti-rabies vaccination	3. Provide anti-rabies vaccination	None	5 minutes	Romina Bautista; Arlene Angeles; AprilynVaquez
Fill-out Client Satisfaction Rating Form				
TOTAL		None	25 minutes	

NOTE: You can avail the service at Animal Bite Clinic located in all City Health Offices (District 1, 2 and 3)



12. PROVIDE MATERNAL CARE SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Barangay Clearance			Respective Barangay	
One (1) Government Issued or any valid I.D.			Client	
Existing Home-based Mother Record			Barangay Health Centers	
Attended at least three (3) sessions of Pre-natal Examination (held at Barangay Health Centers)			Barangay Health Centers	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	1. Interview and assess the patient	None	5 minutes	Birthing home District 1 and 2: Midwife on duty
2. Undergo the physical examination	2. Record the vital signs of the patient and conduct physical examination	None	15 minutes	Birthing home District 1 and 2: Midwife on duty
3. Deliver the baby	3.1 Monitor the progress (for true labor) and deliver the baby	None	6 hours	Birthing home District 1 and 2: Midwife on duty
	3.2 Observe the patient and the baby (after delivery)	None	2 hours	
4. Pay the required fees	4. Receive the payment.	Refer to 2008 Revenue Code	5 minutes	Birthing home District 1 and 2: Midwife on duty
4. Discharge at the birthing home and receive medicines and post- discharge instruction	4. Discharge the patient with take home medicines and post-discharge instructions	None	1 day	Birthing home District 1 and 2: Midwife on duty



Fill-out Client Satisfaction Rating Form

TOTAL	None	2 days	
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NOTE: For emergency, the Birthing Home District 1 and 2 will cater to the needs of the patient regardless of its residency.

13. PROVIDE NUTRITIONAL SERVICES

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Simple			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus with age 0-59 months			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the information being asked	1. Fill up the OPT Form	None	5 minutes	Barangay Nutrition Scholar (BNS)
2. Undergo the weighing and height/length measurement	2.1 Record the actual weight and height/length measurement and submit to the City Nutrition Program Council	None	5 minutes	Barangay Nutrition Scholar (BNS)
	2.2 Assess the nutritional status	None	15 minutes	Cristina Balana; Andrilita Santiago City Nutrition Program Council
3. Receive nutritional supplies (Micro-nutrients and GP Program) and instructions	3. Provide nutritional supplies (Micro-nutrients and GP Program) and instructions (for malnourished children)	None	5 minutes	Cristina Balana; Andrilita Santiago City Nutrition Program Council
Fill-out Client Satisfaction Rating Form				
TOTAL		None	30 minutes	



14. PHYSICAL THERAPY REHABILITATION CLINIC

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Medical Clearance 2. Rehabilitation Program 3. Barangay Clearance 4. One (1) Government Issued or any valid I.D.			Attending Physician Rehabilitation Physician Respective Barangay Respective Barangay	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a referral letter from the City Health Office Doctor	1. Issue referral letter	None	5 minutes	Dra. Maria Rossini de Ausen; Dra. Ma. Rhodora Coronado; Dra. Noralyn del Mundo; Dra. Gelyn Golamco; Dr. Edgardo Figueroa; Dra. Cherie Lyn Tumilba-Boque; Dra Jennifer Roamar Doctors
2. Undergo vital signs	2.1 Record the actual vital signs 2.2 Assess requirements	None	5 minutes 5 minutes	Physical Therapists
3. Undergo the therapy	3. Provide the Physical Therapy needed	None	Varies on the therapy needed	Physical Therapists
Fill-out Client Satisfaction Rating Form				
TOTAL		None	Varies on the therapy needed	



15. PROVIDE COVID-19 VACCINATION

OFFICE OR DIVISION	City Health Office			
CLASSIFICATION	Highly-Technical			
TYPE OF TRANSACTION	G2C – Government to Citizen			
WHO MAY AVAIL THE SERVICE	All residents of Imus (AGES5-85)			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Birth Certificate and valid ID (for 5-17 years old)			Client	
One (1) Government Issued or any valid I.D. of Parent/Guardian of 5-17 years old			Client	
Vaccination Card for 2 nd dose / booster dose			Client	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the data being asked	Check the documents of the client SCREENING	None	5 minutes	BHW/BNS on duty
2. Undergo the counseling and signing of consent form	Provide counseling and watch videos about COVID-19 vaccine	None	5 minutes	Nurse/Midwife on duty
3. Present the Bayanihan Form	3.1 Check Bayanihan Form	None	2 minutes	Nurse/Midwife on duty
	3.2 Administer Covid-19 Vaccine	None	3minutes	
4. Post Vaccination Instructions	Monitoring and assess for any adverse reaction	None	15 minutes	Nurse/Midwife on duty
Fill-out Client Satisfaction Rating Form				
TOTAL		None	30 minutes	

