

City Health Office



Issuance of Sanitary Permit and Health Certificates to Operate a Business Establishment (Food and Non-Food)

The Sanitary Permit and Health Certificates to Operate a Business Establishment (Food and Non-Food) is issued to any person who is a citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines who is requesting for such document.

Classification: Simple Type of Transaction: G2B Who may Avail: All CHECKLIST OF REQUIR One (1x1) I.D. picture CLIENT STEPS ACTION 1. Applies for a Sanitary Permit (SP) fees dependent on the number of business to personnel employed Instructs the person to proceed to Revenue Collection Control of the person to proceed to Revenue Collection Control of the person to proceed to Revenue Collection Control of the Sanitation Division presenting the Official Receipt (OR) of payment Labor Simple G2B All CHECKLIST OF REQUIR AGENCA ACTION ACTION ACTION Fees dependent on the number of the number of the number of the person to proceed to Revenue Collection Control of the person to proceed to Revenue Collection Control of the person to proceed to Revenue Collection Control of the person to proceed to Revenue Collection Control of the Prepares are records SP and the Certification Control of the Certificatio	FEES TO I Sanitary (depend the type	Applicant BE PAID Permit s on of		PERSON RESPONSIBLE SI IV or any available SI
Type of Transaction: Who may Avail: CHECKLIST OF REQUIR One (1x1) I.D. picture CLIENT STEPS 1. Applies for a Sanitary Permit (SP) stating the type of business to operate Operate Computes correspond fees depend on the number of personnel employed Instructs the person to proceed to Revenue Collection Confor payment 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment One (1x1) I.D. picture AGENC ACTION ACTION ACTION ACTION Computes correspond fees depend on the number of the number of the person to proceed to Revenue Collection Confor payment (Checks OR Prepares and	FEES TO I Sanitary (depend the type	Permit s on of	PROCESSING	PERSON RESPONSIBLE
Who may Avail: CHECKLIST OF REQUIR One (1x1) I.D. picture CLIENT STEPS 1. Applies for a Sanitary Permit (SP) stating the type of business to operate Operate Computes correspond fees depend on the num personnel employed Instructs the person to proceed to Revenue Collection Confor paymen 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment AGENCA ACTION ACTION ACTION Computes correspond fees depend on the num personnel employed Instructs the person to proceed to Revenue Collection Confor payment Checks OR Prepares ar records SP and the Certification Conformation (Yellow Cartification Conformation) CHECKLIST OF REQUIR AGENCA ACTION ACTION Computes correspond fees depend on the num personnel employed Instructs the person to proceed to Revenue Collection Conformation Frepares are records SP and the Certification Conformation Checks OR Frepares are records SP and the Certification Conformation Checks OR Frepares are records SP and the Certification Conformation Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification Checks OR Frepares are records SP and the Certification	Sanitary (depend the type	Permit s on of	PROCESSING	PERSON RESPONSIBLE
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CLIENT STEPS 1. Applies for a Sanitary Permit (SP) fees depend on the number of business to operate employed Instructs the person to proceed to Revenue Collection Confor payment of the sanitation Division presenting the Official Receipt (OR) of payment (Yellow Carespond) 2. Returns to the Sanitation Division presenting the Official Receipt (Yellow Carespond) 3. Returns to the Sanitation Division presenting the (Yellow Carespond) 4. Computes Computes correspond fees depend on the number of the numb	Sanitary (depend the type	Permit s on of	PROCESSING	
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(SP) stating the type of business to operate personnel employed Instructs the person to proceed to Revenue Collection of for paymen 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment (Yellow Car	ding the type	of		
stating the type of business to personnel employed Instructs th person to proceed to Revenue Collection Confor payment 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment (OR) of payment on the numpersonnel personnel employed Instructs th person to proceed to Revenue Collection Confor payment Checks OR Prepares and P	- , , , , , , , , , , , , , , , , , , ,			
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operate employed Instructs th person to proceed to Revenue Collection O for paymen 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment Checks OR Prepares ar records SP and the control of the con			3 minutes	Rev. Collection Clerk or
Instructs the person to proceed to Revenue Collection Of for paymen 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment (Yellow Car	Health			alternate JO Casual
person to proceed to Revenue Collection Confor payment 2. Returns to the Sanitation Division presenting the Official Receipt (OR) of payment (Yellow Car	Certifica			
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presenting the Official Receipt (OR) of payment records SP and the second of the seco		2	! minutes per	SI IV or any available SI
Official Receipt Health Cert (OR) of payment (Yellow Car			client	
(OR) of payment (Yellow Car				
F000			1	Mad Task II avan
Fatablish ma	Noi		1 hour and	Med-Tech. II or any
Establishme	ent;		40 min. per	available Med-tech
Green Card	· ·		client for the	
	· ·		- 1	
	for		resuits	
	for			
the Sputum	for CHO			
Non-Food) Instructs to proceed to Laboratory	· ·		Laboratory results	



	Stool			
	examinations			
2. Data and a the				CLDV
3. Returns to the	Inspects and			SI IV or any available SI
Sanitation Division	reviews			
and presents	documents	None	8 minutes	City Health Officer
documents duly	Deworms the			
signed by the	client			
Med-Tech with	Instructs to			
the result at the	proceed to the			
back	City Health			
	Officer for his			
	signed approval			
4. Returns to the	Reviews and			
Sanitation Division	inspects the			
and presents duly	documents			SI IV Or any available SI
signed documents	Stamps office	None	2 minutes	
by the City Health	official seal then			
Officer for its	release the			
release	document with			
	the instruction to			
	proceed to the			
	city Treasurer's			
	Office for the			
	Business Permit			
	TOTAL	None	1 hr. & 55 minu	ites
End of transaction				



Issuance of Health and Medical Certificates for Employment and Other Related Purposes

The Health and Medical Certificates for Employment and Other Related Purposes is issued to any person who is a citizen of the Philippines and partnership or corporation duly organized and registered under the existing laws of the Philippines who is requesting for such document.

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Office or Division:	City Health Office / Environmental & Sanitation Services Division /			
	Laboratory Services Section			
Classification:	Simple			
Type of Transaction:	G2B			
Who may Avail:	All			

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

1. One (1x1) I.D. picture Applicant

1. One (1x1) I.D. picture Appl			cant	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING	PERSON
			TIME	RESPONSIBLE
 Applies for a 	Computes	(HC) =P 50.00		SI IV
health or medical	corresponding	Sputum Exam.	3	Or any available SI
certificate	fees Instructs to	(SE)=P 50.00	minutes	Rev. Collection Clerk
	proceed to the	Stool Exam.		or alternate JO
	Revenue	(S/E) =		
	Collection Clerk	P 50.00		
	for payment	Med.		
		Cert.=75.00		
2. Returns to the	Checks OR		2 minutes	SI IV
Sanitation Division	Prepares and			Or any available SI
presenting the	records the Health			
Official Receipt (OR)	Certificate (Yellow			
of payment	Card for Food			
	Establishment;	None		
	Green Card for		1 hour and	
	Non-Food); Pink		40 min. per	Med-Tech. II or any
	Card for		client for the	available Med-Tech
	Contractual Sex		Laboratory	
	Worker Takes		results	
	client's height,			
	weight and blood			
	pressure (BP)			
	Instructs client to			
	proceed to CHO			
	Laboratory for the			
	actual			
	examination			



3. Returns to the	Inspects and			SI IV
Sanitation Division	reviews			Or any available SI
and presents the	documents	None	3 minutes	
Certificates duly	Instructs to			City Health Officer
signed by the Med-	proceed to the			
Tech with the result	City Health Officer			
at the back	for signature of			
	approval			
4. Returns to the	Reviews and			
Sanitation Division	inspects the			SI IV
and presents signed	signed	None	2 minutes	Or any available SI
documents for its	documents			
release	Stamps the office			
	official seal then			
	release the			
	document.			
	TOTAL	None	1 hr. & 50 minւ	ıtes
End of transaction				



Issuance of Certificate of Death and Other Death Related Permit (Exhumation / Transfer of Cadaver / Transfer Permit) for Burial or Remains Outside of San Carlos City Public Cemetery

Service Information

The Certificate of Death and Other Related Permit ((Exhumation / Transfer of Cadaver / Transfer

Permit) for Burial or Remains Outside of San Carlos City Public Cemetery is issued to any person who is a citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines who is requesting for such document.

Office or Division:	City Health Office / Environmental & Sanitation Division		
Classification:	Complex		
Type of Transaction:	G2G		
Who may Avail:	All		
CHECKLIST OF RI	CHECKLIST OF REQUIREMENTS WHERE TO SECURE		
1. Certificate of Birth		Attending physician if death occurs at any	
2. Barangay Death Certificate if death occurs at		hospital within or outside the City of San Carlos.	
barangays within the city		Barangay Captain of barangay of his/her	
3. Transfer of Cadaver (Transfer Permit) if death		residence	
occurs outside the jurisdiction of San Carlos City		Place of Origin	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents required	Reviews	New		SI IV
documents	documents	Entombment= P		Or any available SI
	presented	150.00		
	Computes	Cemetery Fee= P		
	corresponding	50.00		
	fees Instructs to	Burial Permit=		
	proceed to City	P75.00		
	Health Officer or	Death		
	MO for diagnosis if	Certificate= P	10 minutes	
	death occurs	75.00		Rev. Collection Clerk
	outside of hospital	Removal of		or alternate Job
	Asks for a Death	Remains= P 75.00		Order Casual
	Certificate for	Exhumation		
	exhumation	Permit= P 75.00		
	permit to manifest			
	that death occurs			



	proceed to the Revenue				
	Collection Clerk				
	for payment				
2. Returns to the	Checks O.R.			SI IV	
Sanitation Division	Prepares and			Or any available SI	
presenting the	records the	None	12 minutes		
Official Receipt (OR)	documents			City Health Officer	
of payment	Instructs to			or Medical Officer	
	proceed to the			IV	
	City Health Officer				
	or Medical Officer				
	for review and				
	signed approval				
3. Returns to the	Reviews document				
Sanitation Division	Instructs to				
and presents signed	photocopy for				
document for its	office file	None	8 minutes	SIIV	
release	Stamps with office			Or any available SI	
	official seal and				
	gets 2 nd copy for file				
	Instructs to				
	proceed to a				
	Funeral home and				
	to proceed after to				
	LCR Office for				
	official recording				
	- and				
	release				
	TOTAL	None	30 minutes		
	End of transaction				



Issuance of Certificate of Death for Burial of Remains at the San Carlos City Public Cemetery

The Certificate of Death for Burial of Remains at the San Carlos City Public Cemetery is issued to

Any person who is a citizen of the Philippines and partnership or corporation duly organized and registered under the existing laws of the Philippines who is requesting for such document.

Complex

Office or Division:
Classification:

City Health Office / Environmental & Sanitation Division

Classification:	Complex	Complex			
Type of Transaction:	G2G	G2G			
Who may Avail:	All	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SECURE		
Certificate of Death			Attending	physician if dea	th occurs at any
Barangay Death Certific	ate if death occurs a	t	hospital within or outside the City of San Carlos.		
barangays within the ci	ty		Barangay Captain of barangay of his/her		
If indigent, a Brgy. Certi	fication concurred a	nd	residence		
duly signed by the Head	of Office of CSWD		CSWDO Head		
CLIENT STEPS	AGENCY ACTIONS	FEE	S TO BE	PROCESSING	PERSON
CLIENT STEPS	AGENCY ACTIONS		PAID	TIME	RESPONSIBLE
1. Presents the	Reviews required	Niche	Rental		SI IV
above-mentioned	documents	Fee=P	1,500.00		Or any available SI
documents	presented	(Indigent=P			
	Computes each	150.00)		12 minutes	City Health Officer or
	corresponding	Burial Permit=P			Medical Officer IV
	fees	75.00			
	Instructs to	Death			
	proceed to the	Certificate = P			Rev. Collection Clerk
	City Health	75.00			or alternate JO Casual
	Officer/MO for	Each Death			
	diagnosis if death	Cert.			
	occurs outside a	_	ed/correc		
	hospital	ted – P 100.00			
	Instructs to	Transfer of fee			
	proceed to the	of remains from			
	Revenue	City Cemetery			
	Collection for	to tree park			
	payment		5 years= P		
		250.0	_		
			nce of		
		Cadav	er (IT		



		death occurs outside the city) =P 150.00 Renewal of Lease for each Niche (extension for a maximum of one (1) year period) at the City Public Cemetery= P 300.00		
2. Returns to the	Checks the OR			SI IV
Sanitation Division presenting the Official Receipt (OR) of payment	Prepares the Certificate of Death Instructs to proceed to CHO/MO for review and	None	10 minutes	Or any available SI City Health Officer or Medical Officer IV
	signature of			
	approval			_
3. Returns to the Sanitation Division and presents the duly signed document	Reviews the document and have it photocopied Prepares/ records the Permit of Interment Instructs to proceed to Administrative Division for signature of AO IV	None	10 minutes	SI IV Or any available SI Administrative Officer IV
4. Returns to the Sanitation Division and presents duly signed Permit of Interment together with the Cert. of Death for its release	 Reviews all pertinent papers and get 2nd copy of each document for office file Instructs to proceed to the 	None	3 minutes	SI IV or any available SI City Civil Registrar Embalmer- Local Civil Registry Office



funeral home and to proceed after				
to LCR Office for				
official recording				
then proceed				
to City Public				
Cemetery				
TOTAL	None	35 minutes		
End of transaction				



Issuance of Dental Services (Tooth Extraction)

proceed to the

Collection Clerk for payment Receives /checks

OR of payment

Administers

anesthesia

procedure

Does the

Revenue

Brown Envelope

3. Pays prescribed

returns to Dental

fees and secures

anesthesia then

Clinic for the

procedure

The Tooth Extraction services is given to any person who is a citizen of the Philippines and Partnership or corporation duly organized & registered under the existing laws of the Philippines Who is requesting for such services.

Office or Division:	City Health Office / Dental Services Section		
Classification:	Simple		
Type of Transaction:	G2B		
Who may Avail:	All		
CHECKLIST OF	OF REQUIREMENTS WHERE TO SECURE		
Dental Anesthesia Client needing dental services		Client needing dental services	

FEES TO BE **PROCESSING** PERSON AGENCY ACTIONS **CLIENT STEPS PAID** TIME **RESPONSIBLE** 1. Presents the Lists/interviews/ch JO or above-mentioned arts pertinent alternate JO DMD or documents & to information, if **DMD- Dentists** request for a Tooth new client None 10 minutes Extraction procedure Retrieves record, if old client Takes vital signs Gives instruction as to scheduled date if not accommodated 2. Submits for Oral Conducts oral DMD or Dentists Examination/Tooth examination Rev. Collection Clerk Extraction Prescribes or alternate Job None Order anesthesia 5 minutes Computes fees Instructs to

Tooth

200.00

Extraction – P

30 minutes

DMD or DMD -

Dentists



	Makes prescription for take home medicines			
4. Proceeds to CHO Pharmacy	Provides prescribed medicines if available in the Pharmacy	None	3 minutes	Pharmacist I
	TOTAL	None	48 minutes	
End of transaction				



Issuance of Dental Services (Oral Prophylaxis)

The Oral Prophylaxis services is given to any person who is a citizen of the Philippines and Partnership or corporation duly organized & registered under the existing laws of the Philippines. Who is requesting for such services.

Office or Division:	City Health Office / Der	City Health Office / Dental Services Section			
Classification:	Simple	Simple			
Type of Transaction:	G2B				
Who may Avail:	All				
CHECKLIST O	F REQUIREMENTS		WHERE TO SECU	RE	
Brown Envelope		Client needing	g dental services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Presents the above-mentioned documents and requests for Oral Prophylaxis procedure	Lists/interviews/charts pertinent information, if new client Retrieves record, if old client Takes vital signs Gives instruction as to scheduled date if not accommodated	None	5 minutes	JO Casuals or Dentists	
2. Submits for Oral Examination/Oral Prophylaxis	Conducts oral examination Instructs to proceed to the Revenue Collection Clerk for payment	None	10 minutes	Dentists Rev. Collection Clerk or alternate Job Order Casual	
3. Pays prescribed fee then returns to Dental Clinic for the procedure	Receives /checks OR of payment Does the procedure Makes prescription for take home medicines	Oral Prophylaxis – P 350.00	45 minutes	Dentists	
4. Proceeds to CHO Pharmacy	Provides prescribed medicines if available in the Pharmacy	None	3 minutes	Pharmacist I	
	TOTAL	None	1 hr. & 3 minute	S	
End of transaction					



Issuance of Dental Services (Tooth Filling)

The Tooth filling services is given to any person who is a citizen of the Philippines and partnership or corporation

Duly organized & registered under the existing laws of the Philippines who is requesting for such services.

Office or Division:		City Health Office / Dental Services Section				
Classification:		Simple				
Type of Transaction	on:	G2B				
Who may Avail:		All				
CHECKLIS	CHECKLIST OF REQUIREMENTS WHERE TO SECURE			ECURE		
Dental Anesthesia Brown Envelope				Client needing	g dental services	5
CLIENT STEPS	AGI	ENCY ACTIONS	FEE	S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the above-mentioned documents and requests for Tooth Filling procedure	pertin if new Retrie client Takes Gives	Takes vital signs Gives instruction as to scheduled date if not		None	5 minutes	JO Casuals or Dentists
2. Submits for Oral Examination/ Tooth Filling	Condu exami Instructhe Re	icts oral		None	10 minutes	Dentists Rev. Collection Clerk or alternate JO Casual
3. Pays prescribed fee then returns to Dental Clinic for the procedure	payme Does t Makes take h	he procedure prescription for ome medicines	(Pe 300 Ter	oth Filling – rmanent)= P 0.00/ cavity nporary= P 0.00	30 minutes	Dentists
4. Proceeds to CHO Pharmacy	medic	es prescribed ines if available Pharmacy		None None	3 minutes	Pharmacist I
	TOTAL				48 minutes	
End of transaction						



Issuance of Dental Services (Dental Certificate)

Office or Division:	City Health Office / Der	ntal S	ervices Secti	on	
Classification:	Simple				
Type of Transaction:	G2B				
Who may Avail:	All				
CHECKLIST OF RE	QUIREMENTS		,	WHERE TO SECU	RE
2. Brown Envelope		Clie	nt needing d	ental services	
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents the abovementioned document and requests for a dental certificate	Lists/Interviews the client Instructs to proceed to Revenue Collection Cl	erk	P 75.00	5 minutes	JO Casual or Dentists Revenue Collection Clerk or alternate JO Casual
2. Pays to Revenue Collection Clerk	Receives /checks OR of payment Instructs to proceed to Administrative Division to prepare the document		None	5 minutes	JO Casuals or Dentists JO Casuals
3. Proceeds to Administrative Division & returns back to Dental Clinic	Reviews and signs the document Releases the documer		None	5 minutes	JO Casuals or Dentists
	TOTAL None 15 minutes				
End of transaction					



Issuance of Laboratory Services (Sputum Examination)

The Laboratory services is given to any person who is a citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines who have undergone check-up with any physician of the City Health Office and upon request of the physician for such services.

Office or Division:	City Health Office / Laboratory Services Section				
Classification:	Simple				
Type of Transaction:	G2B	G2B			
Who may Avail:	All				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
1. Doctor's request		Client needing laboratory services			
2. Sputum Cups (1 st day- spot) / 2 nd day – early					
morning - spot					

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceeds to CHO	Gives proper instruction to			Medical	
Laboratory bringing	client on how to collect	None	5 minutes	Technologists	
the request from a	sputum specimen				
physician					
2. Submits sputum	Examines the specimen			Medical	
specimen	and advises patient when	None	1 Hour	Technologists	
	to come back for the result				
3. Goes back to the	Issues result and advises			Medical	
Laboratory and gets	client to go to CHO	None	2 Minutes	Technologists	
back the result	physician				
4. Goes to the CHO	Analyzes and gives		10 Minutes	City Health	
physician bringing	medication	None		Officer or any	
the result				requesting	
				physician	
TOTAL None 15 minutes					
	End of tra	nsaction			



Issuance of Laboratory Services (XPERT MTB / RIF)

The Laboratory services is given to any person who is a citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines who have undergone check-up with any of the physicians of the City Health Office and request by the physician for such services.

Office or Division:	City Health Office / Labor	City Health Office / Laboratory Services Section			
Classification:	Simple				
Type of Transaction:	G2B				
Who may Avail:	All	All			
CHECKLIST O	REQUIREMENTS		WHERE TO SEC	CURE	
NTP Form 2a		Client needing	g laboratory serv	rices	
One (1) Sputum Specin	nen – spot collection of at				
least 1 ml in volume of	an early morning				
collection					
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	AGENCI ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Proceeds to	Checks quality of sample				
Laboratory bringing	Submits and records			Medical	
the above-stated	information into the NTP	None	5 minutes	Technologists	
requirements	Form 3a				
	Advises to come back for				
	the result				
2. Submits sputum	Prepares sputum specimen		2 Hours and	Medical	
specimen at the	for the XPERT MTB/RIF	None	50 minutes	Technologists	
Laboratory's	examination in the analyzer				
receiving area					
3. Goes back to the	Issues result and advises to			Medical	
Laboratory and gets	proceed to STC Nurse	None	5 Minutes	Technologists	
the result					
	TOTAL None 3 hours				
End of transaction					



Issuance of Laboratory Services (Complete Blood Count (CBC)

rinippines.					
Office or Division:	City Health Office / La	boratory Sei	rvices Section		
Classification:	Simple	Simple			
Type of Transaction:	G2B	G2B			
Who may Avail:	Any person who has ι	Any person who has undergone check-up with any physician of the City			
	Health Office and upo	n request of	f the physician for	such services.	
CHECKLIST OF	REQUIREMENTS		WHERE TO	SECURE	
Laboratory request fro	m the City Health Office	Client need	ling laboratory ser	rvices	
Physician only					
CLIENT STEPS	STEPS AGENCY ACTIONS		PROCESSING	PERSON	
CLIENT STEPS	AGENCY ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Proceeds to	Does blood testing		30-45 minutes	Medical Technologists	
Laboratory bringing	Advises when to return	None			
the request from a	for the result				
physician					
2. Returns to the	Releases result and		5 minutes	Medical	
laboratory to claim	instructs to proceed to	None		Technologists	
result	CHO physician				
3. Brings laboratory	Analyzes and gives	None	5 minutes	City Health Officer or	
result to CHO	medication			requesting physician	
physician					
	TOTAL	None	55 minutes		
	End of	ftransaction	1		
End of transaction					



Issuance of Laboratory Services (Urinalysis)

CLIENT STEPS	AGENCY ACTIONS		BE PAID	TIME	RESPONSIBLE
			FEES TO	PROCESSING	PERSON
2. Specimen cup from the laboratory					
Office Physician only					
1. Laboratory request	from the City Health	Client needing laboratory services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
	•	Health Office and upon request of the physician for such services.			
Who may Avail:		Any person who has undergone check-up with any physician of the City			
Type of Transaction:	G2B				
Classification:	Simple				
Office or Division:	City Health Office / Lab	City Health Office / Laboratory Services Section			
Philippines.					

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Proceeds to	Instructs client on the			Medical		
Laboratory bringing	proper midstream clean		30 minutes	Technologists		
the physician's	catch collection of urine	None				
laboratory request	Does urine analysis					
	procedure					
	Advises patient when to					
	return for the result					
2. Returns to the	Releases result and instructs		2 minutes	Medical		
laboratory to claim	to proceed to CHO physician	None		Technologists		
result						
3. Brings laboratory	Analyzes and gives		5 minutes	City Health Officer		
result to CHO	medication	None		or requesting		
physician				physician		
	TOTAL None 37 minutes					
	End of trans	action				



Issuance of Laboratory Services (Stool Examination / Fecalysis)

Office or Division:	City Health Office / La	City Health Office / Laboratory Services Section			
Classification:	Simple				
Type of Transaction:	G2B				
Who may Avail:	Any person who has ι	ındergone che	ck-up with any i	physician of the City	
	Health Office and upo	Health Office and upon request of the physician for such services.			
CHECKLIST OF	REQUIREMENTS		WHERE TO	SECURE	
1. Laboratory request	from the City Health	Client needir	ng laboratory ser	rvices	
Office Physician only					
2.Stool container / cup	from the laboratory	ne laboratory			
CLIENT STEPS	CLIENT STEPS AGENCY ACTIONS		PROCESSING	PERSON	
CEIEITI STEI S	AGENCI ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Proceeds to	Gives Instruction on the			Medical	
Laboratory bringing	proper collection of	None	30 minutes	Technologists	
the physician's	stools				
laboratory request	Does stool examination				
	Advises client when to				
	return for the result				
2. Returns to the	Releases result and		2 minutes	Medical	
laboratory to claim	instructs to proceed to	None		Technologists	
result	CHO physician				
3. Brings laboratory	Analyzes and gives		5 minutes	City Health Officer or	
result to CHO	medication	None		requesting physician	
physician					
	TOTAL	None	37 minutes		
End of transaction					



Issuance of Laboratory Services (Skin Smear)

i imppires.			
Office or Division:	City Health Office / Laboratory Services Section		
Classification:	Simple		
Type of Transaction:	G2B		
Who may Avail:	Any person who has undergone check-up with any physician of the City		
	Health Office and upon request of the physician for such services.		
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE	
1. Laboratory request from the City Health Office		Client needing laboratory services	
Physician only			
EFFS TO DROCESSING			

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceeds to	Does skin smear and			Medical Technologists	
Laboratory	microscopic	None	30-45 Minutes		
bringing the	examination				
physician's	Advises patient when				
laboratory	to return for the				
request	result				
2. Returns to the	Releases result and		2 Minutes	Medical Technologists	
laboratory to	instructs to proceed	None			
claim result	to CHO physician				
3. Brings	Analyzes and gives		5 Minutes	City Health Officer	
laboratory result	medication	None		or any other	
to CHO physician				CHO Physicians	
				Leprosy Coordinator	
				Midwife assigned at the	
				requesting party's	
			_	residence	
	TOTAL	None	57 minutes		
End of transaction					



Issuance of Laboratory Services (Gram Staining)

Office or Division:	City Health Office / Laboratory Services Section				
Classification:	Simple	Simple			
Type of Transaction:	G2B				
Who may Avail:	Any person who has undergone check-up with any physician of the City				
	Health Office and upon request of the physician for such services.				
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			
1. Laboratory request from a Physician		Client needing laboratory services			
2. Hygiene Card for hygiene examination issued					
by SI Division					
3. 1 x 1 picture to be attached	ched to the card				

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. For clients with symptoms of STI				
1. Proceeds to Laboratory bringing the physician's laboratory request	Does skin smear and microscopic examination Advises patient when to return for the result	None	30-45 minutes	Medical Technologists
2. Returns to the laboratory to claim result	Releases result and instructs to proceed to CHO physician	None	2 Minutes	Medical Technologists
3.Brings laboratory result to CHO physician	Analyzes and gives medication	None	5 Minutes	City Health Officer or other CHO Physicians NTP Nurse Coordinator Midwife assigned at the requesting party's residence
			52 minutes	
B. For Hygiene Examination				



1. Proceeds to	Does smearing and				
Laboratory	microscopic	None	30-45 minutes	Medical Technologists	
bringing the	examination				
hygiene card	Advises patient when				
	to return for the				
	result				
2. Returns to the	Releases result and		2 Minutes	Medical Technologists	
laboratory to	instructs to proceed	None			
claim result	to CHO physician				
3. Brings	Analyzes and gives		5 Minutes	City Health Officer or	
laboratory result	medication	None		other CHO Physicians	
to CHO physician				NTP Nurse Coordinator	
				Midwife assigned at the	
				requesting party's	
				residence	
	TOTAL	None	52 minutes		
End of transaction					



Issuance of Other Services (Pre-Marriage Counseling (PMC)

Pre-Marriage Counseling is conducted to any couple who is a citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines.

Office or Division:	Office or Division: City Health Office / Nursing Services Division						
		rsing services division					
·		Complex					
Type of Transaction: G2G							
Who may Avail: Any couple requesting			g for the cert				
CHECKLIS	T OF RE	QUIREMENTS		WHERE TO SECURE			
1. Birth Certificate	(both F	Filipino or Foreigner)	Client nee	Client needing services			
CLIENT STEPS	STEPS AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Presents		s requirements	None	10 minutes	CHO Action Officers		
needed	Interv	iews the would-be					
requirement	couple	<u> </u>					
2.Attends	Conducts counseling				CHO Action Officers		
counseling	conducted first by CHO		Group –	2 hours	and CSWD Action		
	Action Officer followed by		P200.00	each	Officers		
	CSWD Action Officer		Special –				
Proceeds to		eds to the Revenue	P1,000.00				
	Collec	tion Clerk for			Rev. Collection Clerks		
	payme	ent			or alternate JO		
3. Pays the fees	Check	s /reviews OR			CHO Action Officers		
to the Revenue	Prepai	res Pre-Marriage	None	5 minutes			
Collection Clerk	Couns	eling Certificate					
4.Waits for the	Reviews and releases the				CHO Action Officers		
release of the	certificates to the couple		None	5 minutes			
certificate	Instructs to proceed to						
	Local (Civil Registry					
TOTAL			None	22 minutes			
	End of transaction						



Issuance of Sanitary Permit and Health Certificates to Operate a Water Refilling Station

The Sanitary Permits and Health Certificates to operate a Water Refilling Station are given to a person who is citizen of the Philippines and partnership or corporation duly organized & registered under the existing laws of the Philippines.

- 0 0					
Office or Division:	City Health Office / Environmental & Sanitation Division / Laboratory Services				
	Section				
Classification:	Complex				
Type of Transaction:	G2B				
Who may Avail:	Any person who has completed the requirement of having a water refilling				
	station.				
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			
1. One I.D. picture (1x1)		Applicant			
2. Cash for payment of fees					

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fills-up	Checks/Interviews/R	Sanitary Permit =		Sanitation
application form	eviews given	P 350.00		Inspectors
for the	information	Health Certificate	4 minutes	Or JO Casuals
transaction	Instructs to proceed	(HC) =P 50.00 each		
needed	to the Revenue	person		
	Collection Clerk for	Sputum Exam.		
	payment	(SE)=P 50.00 each		
		person		
		Stool Exam. (S/E) =		
		P 50.00 each		
		person		
		Clearances (3) for		
		water site and		
		portability= P		
2. Dunana da ta	Deceives and absolut	150.00 each		
2. Proceeds to	Receives and checks		2 mainsutas	Conitation
the Revenue	OR		2 minutes	Sanitation
Collection Clerk	Prepares and records		per client	Inspectors Or JO Casuals
for payment	the SP and HC (Green	None		Of JO Casuais
	Card for Non-Food)	None	1 hour and	
	Prepares the three			
	(3) clearances		40 min. per client for the	
	Instructs to proceed		chefft for the	
	to the Laboratory for			



	the actual		Laboratory			
	examination of		results			
	Sputum and Stool			Medical		
				Technologists		
3. Returns to the	Inspects and reviews					
Division and	the document			Sanitation		
presents	Deworms the client			Inspectors		
document duly	Signs the needed	None	8 minutes	Or JO Casuals		
signed by the	documents Instructs					
Med-Tech with	to proceeds to the					
the result at the	City Health Officer			City Health Officer		
back	for his signed			or Medical Officers		
	approval					
4.Returns to the	Reviews and inspects					
Division and	the documents					
presents duly	Stamps office official					
signed	seal advising the	None	5 minutes	Sanitation		
document	applicant to proceed			Inspectors		
	to BPLO for the			Or JO Casuals		
	Business Permit and					
	Mayor's Permit					
	Instructs to return					
	after all needed					
	documents are					
	complied with					
Goes back to	Checks/reviews docs.					
CHO submitting	Recommends			Sanitation		
all approved	approval of three (3)		5	Inspectors		
documents	Clearances	None	minutes	Or JO Casuals		
	(Application for					
	Water Site Clearance;					
	Certificate of Water					
	Site Clearance;					
	Certificate of Water					
	Portability) to be sent					
	to DOH6 for their					
	approval					
	TOTAL	None	2 hours 4 minu	tes		
End of transaction						



Issuance of Health Services (Medical Certificate)

The Medical Certificates are issued to any individual requesting for it after consultation by a physician.

by a physician.							
Office or Division	:	City Health Office / Me	dical Se	al Services Section / Administrative Division			
Classification:	Classification:		Simple				
Type of Transaction: G2B		G2B	В				
Who may Avail:		All					
CHECKLIS	T OF RE	EQUIREMENTS		WHERE TO SECURE			
Brgy. Certificate			Client				
CLIENT STEPS	CLIENT STEPS AGENCY ACTIONS			ES TO PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Fall in line	Check	s Brgy. Certificate as to t	he			CHO TANODs	
observing social	date o	of issuance which is withi	n			assigned as	
distancing	the m	onth of request				screener	
Submits for	Interv	iews client and gives dat	a				
temperature	sheet	form to be filled-out givi	ng				
scanning and	emphasis on purpose of travel						
registers. /Logs		priority number before			5		
at the main	going inside			None	minutes	City Health Officer	
entrance	Instructs to see a physician for					or Medical Officers	
Submits	interviews/assessment whether		er				
required Brgy.	fit to travel, physically fit and						
Certificate		ally sound and not under	r				
		oring list of the city				Rev. Collection Clerk	
		cts to proceed to Revenu	ie			or alternate JO	
2.0		tion Clerk for payment				Casual	
2. Pays to the		es /checks OR of payme				JO Casuals	
Revenue Collection Clerk		cts to wait in the waiting	,				
Collection Clerk	area	documents to	_	75.00	10		
	_	documents to histrative Division to		75.00	minutes		
		re the Medical Certificate			illillutes		
3. Waits for		es / reviews	-				
his/her name		he Medical Certificate			15-30	JO Casuals	
called for the		Admin. Div. duly		None	minutes	JO Casaais	
release of		gated according to the		140110	iiiiiaces		
document		er of the Official Receipt					
		se the document					
		TOT	AL I	None	45 minutes	<u>I</u>	
	l		•		_ =		

End of transaction