

HEALTH OFFICE EXTERNAL SERVICES



A. ANIMAL BITE TREATMENT (For first dose)

Patient needing post- exposure prophylaxis for rabies. Animal bite patients will be assessed, examined and classified by the rural health physician and given the appropriate dose of anti-rabies vaccine.

Office or Division:		MUNICIPAL	HEALTH OF	FICE	
Classification:		Simple	,		
Type of Transaction:			rnment to Client		
Who may avail:		All Citizens			
CHECKLIST O	F REQUIREM	ENTS		WHERE TO SE	CURE
ADULT: 1. 1 Photocopy of Valid ID (Gov't issued) w/ Pulilan address 2. Brgy Indigency (Original Copy) PEDIA: (0-17 years old) 1. Brgy Indigency (Original Copy)			Client Barangay H		
2. 1 Photocopy of		issued) of	Client		
Parents w/ Pulila		I: _ \	L CD/DCA		
CLIENT STEPS	ficate of patient (Pedia) PS AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Go to information desk for patient classification	Interview patient for classification		None	3 minutes	Clerk (Municipal Health Office)
2. Proceed to Animal Bite Treatment Center area	2.1 Check the requirements	_	None	5 minutes	Clerk (Municipal Health Office)
	2.2 assess th	2.2 assess the Patient		15 minutes	Rural Health Physician or Municipal Nurse (Municipal Health Office)
	2.3 Vaccine administration and issuance of vaccination card		None	10 minutes	Rural Health Physician or Municipal Nurse (Municipal Health Office)
Stay in the observation area	3. Monitor the any side-e	•	None	30 minutes	Municipal Nurse (Municipal Health Office)
	TOTA	L:	None	63 minutes	



ANIMAL BITE TREATMENT (Subsequent doses)

Patient needing post- exposure prophylaxis for rabies.

Animal bite patients receiving their 2nd, 3rd or 4th dose as completion of their treatment.

Office or Division:		MUNICIPAL	HEALTH OF	FICE		
Classification:		Simple				
Type of Transaction:		G2C – Gove	G2C – Government to Client			
Who may avail:		All Citizens of	f Pulilan			
CHECKLIST O	F REQUIREM	ENTS		WHERE TO SE	CURE	
Vaccination card			Client			
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Go to information desk for patient classification	Interview p classification		None	3 minutes	<i>Clerk</i> (Municipal Health Office)	
2. Proceed to Animal Bite Treatment Center area	2. Vaccine ad	2. Vaccine administration		10 minutes	Rural Health Physician or Municipal Nurse (Municipal Health Office)	
	TOTA	L:	None	13 minutes		



B. ISSUANCE OF BURIAL PERMIT AND REVIEW OF DEATH CERTIFICATE

For issuance of burial permit and certification death.

Death certificate and burial permit will be issued upon interview with the deceased's relative.

Office or Division:		MUNICIPAL H	EALTH OFF	ICE		
Classification:		Simple				
Type of Transaction	:	G2C - Govern	ment to Clien	t		
Who may avail:		Client				
CHECKLIST C	F REQUIRE	MENTS		WHERE TO SE	CURE	
1. Accomplished Dea copy)	th Certificate	form (Original	LCR or Hospital			
CLIENT STEPS	AGENC	Y ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present Death Certificate form	1.1 Receive and verify the document presented1.2 Fill up the burial permit		None	5 minutes	Sanitary inspector I (Municipal Health Office)	
			None	5 minutes	<mark>Ms. Bernadeth</mark> <mark>Villanueva</mark> (Municipal Health Office)	
	1.3 Affix sig MHO/RHP	1.3 Affix signature of MHO/RHP		5 minutes	Municipal Health Officer or Rural Health Physician (Municipal Health Office)	
	1.4 Record the Death Certificate in the log book		None	5 minutes	<mark>Ms. Bernadeth</mark> <mark>Villanueva</mark> (Municipal Health Office)	
	тот	AL:	None	20 minutes		



C. DENTAL SERVICES

Dental Services is one of the services given by MHO which includes promotive, preventive curative and rehabilitative Treatment which the residents of Pulilan can avail which is FREE OF CHARGE. One of the main targets is to apply fluoride to 100% of daycare students as part of preventive dental services.

Office or Division:		MUNICIPAL HEAL	TH OFFICE				
		Simple					
Type of Transaction	:	G2C – Governmen					
Who may avail:		All Citizens of Pulil	an		_		
CHECKLIST C	F REQU	JIREMENTS		WHERE TO SE	CURE		
Any Government Is address	ssued ID	with Pulilan	Client				
CLIENT STEPS	AGE	ENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Secure cuing number	1.1 Giv	e cueing number	None	2 minutes	Municipal Dentist (Municipal Health Office)		
		Take and record vital signs.	None	5 minutes			
	1.3 Conduct Oral Examination 1.4 Record patient's information in Individual Patient Treatment Record (IPTR)		None	5 minutes			
			None	5 minutes			
		Conduct Dental Treatment procedures and chair side dental education	None	30 mins			
		1.6 Give proper medications and instructions		5 minutes			
		TOTAL:	None	52 Minutes			



D. ISSUANCE OF HEALTH CERTICATE/ HEALTH ID FOR EMPLOYMENT

Pre employment evaluation of applicants based on their necessary laboratory requirements prior to issuance of health certificate/health ID.

Office or Division:		MUNICIPAL HEALTH OFFICE					
Classification:		Simple					
Type of Transaction	:	G2C – Governme	ent to Client				
Who may avail:		Client					
CHECKLIST O	F REQUI	REMENTS		WHERE TO SE	CURE		
1. Working Permit (Or	riginal Cop	py)	Municipal Tr	easurer's Office			
2. Medical Laboratory	Result (C	riginal Copy)	Laboratory				
CLIENT STEPS	AGEN	ICY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present complete documents	1.1 Evaluate the documents presented 1.2 Encode Applicant's Data		None	5 minutes	Mrs. Loida Caleon (Municipal Health Office)		
			None	5 minutes	Mrs. Loida Caleon or Ms. Bernadeth Villanueva (Municipal Health Office)		
	1.3 Issue Certii	e health ficate and ID	None	5 minutes	Mr. Herbert Tolentino or Ms. Bernadeth Villanueva (Municipal Health Office)		
	TO	OTAL:	None	15 Minutes			



E. INFANT IMMUNIZATION

Routine Vaccination of 0-59 mos. to prevent the outbreak of Vaccine Preventable Disease (VAPD) and Reemerging disease. This is done on a weekly basis so as to meet the desired target of 95% of 0-12 months patients.

Office or Division:		MUNICIPAL	_ HEALTH OI	FFICE		
Classification:		Simple				
Type of Transaction	:	G2C – Gove	ernment to Cli	ient		
Who may avail:		All Citizens of Pulilan				
	F REQUIREM	ENTS	WHERE TO SECURE			
1. Newborn – Record	if Immunization	1	Lying in or F	lospital		
CLIENT STEPS	AGENCY A	ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Go to information desk for patient classification	Interview classificat take vital s		None	10 minutes	Clerk (Municipal Health Office)	
Proceed to immunization area	2.1 Assess pa	tient	None	10 minutes	Midwife II (Municipal Health Office)	
	2.2 Give Immunization to the Baby		None	15 minutes	Municipal Nurse (Municipal Health Office)	
	2.3 Record and update the immunization book		None	5 minutes	<i>Midwife II</i> (Municipal Health Office)	
	TOTAL	.:	None	40 Minutes		



F. LABORATORY SERVICES

Laboratory Services under the DOH program which is accessible and available for all constituent of Pulilan and Free of Charge which includes HIV, Syphilis and Hepatitis B screening for all pregnant patients, direct sputum smear microscopy and Xpert MTB/Rif examination for Tuberculosis, and basic urinalysis and Complete Blood count.

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Office or Division:	MUNICIPAL HEALTH	MUNICIPAL HEALTH OFFICE				
Classification:	Simple	Simple				
Type of Transaction:	G2C – Government to	Client				
Who may avail:	Client					
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE		
Lab Request Form (Or	ginal Copy)	Clinic/Hospita	al			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present Lab Request form	1.1 Interview patient	None	10 minutes	Medical Technologist (Municipal Health Office)		
	1.2 Perform the Laboratory procedure	None	7 hours	Medical Technologist (Municipal Health Office)		
	1.3 Release lab result		5 minutes	<i>Medical</i> <i>Technologist</i> (Municipal Health Office)		
	TOTAL:	None	7 hours and 15 minutes			



G. ISSUANCE OF MEDICAL CERTIFICATE

Patients who sought consult at the OPD will be given medical certificate depending on their needs, either for school or work. No consult, no medical certificate will be issued.

Office or Division:		MUNICIPAL HEA	LTH OFFICE			
Classification:		Simple				
Type of Transaction:		G2C – Governme	nt to Client			
Who may avail:		All Citizens of Pul	ilan			
CHECKLIST OF	REQUI	REMENTS	CHE	CKLIST OF REQ	UIREMENTS	
Any Government Issued ID with Pulilan address			Client	Client		
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present ID	Interview and re- assessment of patient		None	10 minutes	<i>Clerk</i> (Municipal Health Office)	
2. Pay amount due	Receive Payment and Issue OR		P 50.00 (Health Cert Fee)	3 minutes	Revenue Collection Officer Administrative Aide II (Treasury Office)	
Present Proof of payment	Release Medical Certificate		None	5 minutes	Clerk (Municipal Health Office)	
	•	TOTAL:	P 50.00 (Health Cert Fee)	18 minutes		



H. PATIENT AND PREGNANT WOMEN CONSULTATION (ORDINARY CASES)

Minimum of 4 prenatal checkups and 2 postpartum checkups were provided for all pregnant women as well as the needed laboratory exams.

Office or Division:		MUNICIPAL HEA	ALTH OFFIC	E		
Classification:		Simple	Simple			
Type of Transaction	:	G2C – Governme	ent to Client			
Who may avail:		All Citizens of Pu	lilan			
CHECKLIST O	F REQUI	REMENTS		WHERE TO SE	CURE	
2. Philhealth Num	,			Municipal Health Office Client Client		
CLIENT STEPS	AGEN	ICY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Go to information desk for patient classification		view patient for ation and take s	None	10 minutes	Clerk (Municipal Health Office)	
		n <u>atal:</u> Check-up ant women	None	25 minutes	Rural Health Physician or Midwife (Municipal Health Office)	
	T	OTAL:	None	35 Minutes		



PATIENT CONSULTATION (ORDINARY CASES)

All patients were initially risk assessed prior to consultation proper. All who sought consult will be given appropriate treatment with subsequent follow up.

Office or Division:		MUNICIPAL HEALTH OFFICE				
Classification:		Simple				
Type of Transaction):	G2C – Governme	ent to Client			
Who may avail:		All Citizens of Pu	ılilan			
CHECKLIST (F REQUI	REMENTS		WHERE TO SE	CURE	
 NCD Risk Assessment Form Philhealth Number (if member) Any Government Issued ID with Pulilan address 			Municipal H Client Client	ealth Office		
CLIENT STEPS	AGEN	ICY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Go to information desk for patient classification	1.2 Take	view patient for sification e vital signs ck-up and issue cription	None None None	5 minutes 5 minutes 30 minutes	Clerk (Municipal Health Office) Clerk (Municipal Health Office) Municipal Health Officer Or Rural Health	
					Physician (Municipal Health Office)	
Present prescription	2. Dispermedicine	nse prescribed	None	5 minutes	Clerk (Municipal Health Office)	
	T	OTAL:	None	45 Minutes		



I. SANITARY PERMIT

All business establishment will be given sanitary permit once they have passed the ocular inspection and meet the basic standards of the sanitary office.

Office or Division:		MUNICIPAL HI	EALTH OFFI	CE	
Classification:		Simple			
Type of Transaction	:	G2B – Governr	nent to Busine	ess	
Who may avail:		Client			
CHECKLIST O	F REQUIR	EMENTS		WHERE TO SE	CURE
1. BIR Record			BIR		
2. Original Receipt			Municipal Tr	easurer's Office	
3. DTI (1 Photocopy)			DTI		
4. Cedula for Busines	ss (Original	Copy)	Municipal Tr	easurer's Office	
CLIENT STEPS	AGENO	Y ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present complete documents	1.1 Evalua docum	ite the ents presented	None	5 minutes	Sanitary Inspector or Mrs. Loida Caleon (Municipal Health Office)
	1.2 Encode Data	e Applicant's	None	5 minutes	<mark>Ms. Bernadeth</mark> Villanueva
	1.3 Affix signature1.4 Issue Sanitary Permit		None	5 minutes	Municipal Health Officer (Municipal Health Office)
			None	5 minutes	Sanitary Inspector or Mrs. Loida Caleon (Municipal Health Office)
	TOTAL:		None	20 Minutes	_



J. TB DOTS SERVICES

All patients diagnosed bacteriologically or clinically with tuberculosis will be monitored and provided with complete set of medicine until treatment is achieved.

Office or Division:		MUNICIPAL HEALTH OFFICE					
Classification:		Simple					
Type of Transaction	:	G2C – Governmen	t to Client				
Who may avail:		All Citizens of Pulila	an				
CHECKLIST C	F REQ	JIREMENTS		WHERE TO SEC	URE		
1. Sputum / gene Exp	ert Resu	ult (Original Copy)	Hospital/Cli	nic			
2. Chest X-ray (If Ava	ilable) (0	Original Copy)	Any Labora	tory			
3. Laboratory Result (Original	Copy)	Hospital/Clin	nic			
CLIENT STEPS	AGI	ENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Submit required documents		ceive and verify cuments submitted	None	7 minutes	Municipal Nurse (Municipal Health Office)		
	1.2 Conduct counseling		None	1 hour	Municipal Nurse (Municipal Health Office)		
		1.3 Conduct Laboratory Examination		1 hour	Medical Technologist (Municipal Health Office)		
	initi	erpret result and ate treatment	None	1 hour	Rural Health Physician or Municipal Nurse (Municipal Health Office)		
		TOTAL	None	3 hours and 7 Minutes			



K. PROCESSING OF FREE LABORATORY SERVICES

Patients needing laboratory procedures not provided by the municipal health office will be given referral to LGU accredited laboratory to be able to avail the needed diagnostics for free, care of the mayor's office.

Office or Division:	MUNICIPAL HEALTH OFFICE			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who may avail:	Citizens of Pulilan			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request letter addressed to Mayor		Client		
Barangay Indigency (Original copy)		Client		
3. 1 Photocopy of Valid ID w/ Pulilan		Client		
address				
4. Lab Request Form (Original Copy)		Clinic/Hospital		
5. 1 photocopy of Birth certificate (if minor)		PSA/LCR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to 1.	Interview patient and	None	5 minutes	Clerk
	neck complete			(Municipal Health
for patient do	cuments			Office)
classification				
2. Present 2.	Issue laboratory	None	5 minutes	Private Secretary
•	quest form			(Mayor's Office)
documents at				
Mayor's office				
	OTAL:	None	10 minutes	



L. VACCINATION (FLU, INFLUENZA, TETANUS)

Annual vaccination of LGU procured FLU Vaccine for the high-risk population such as senior citizens, immunocompromised and vulnerable population. Pneumonia vaccine were also provided to the aforementioned groups.

Office or Division:		MUNICIPAL HEALTH OFFICE				
Classification:		Simple				
Type of Transaction:		G2C – Government to Client				
Who may avail:	All Citizens of Pulilan					
CHECKLIST C	NTS	WHERE TO SECURE				
1. 1 Photocopy of Val	id ID w/ Pulilan	address	Client			
CLIENT STEPS AGENCY A		CTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Go to information desk for patient classification	Interview patient for classification		None	3 minutes	Clerk (Municipal Health Office)	
Proceed to Consultation area	2.1 Check the requirements		None	5 minutes	Clerk (Municipal Health Office)	
	2.2 Assess the patient, administer vaccine and issue vaccination card		None	20 minutes	Rural Health Physician Municipal Nurse Melinda de Guzman or Abigail Hechanova (Municipal Health Office)	
	TOTAL:		None	28 minutes	Oilice)	



M. CERVICAL SCREENING (PAPSMEAR)

As part of the DOH program of reducing the incidence of cervical cancer, the municipal health office is conducting a quarterly pap smear to all eligible women 18-70 yrs old with the annual target of 1092 women.

Office or Division:		MUNICIPAL HEALTH OFFICE			
Classification:		Simple			
Type of Transaction:		G2C – Government to Client			
Who may avail:		All Citizens of Pulilan			
CHECKLIST C	ENTS	WHERE TO SECURE			
1. 1 Photocopy of Val	address	Client			
CLIENT STEPS AGENCY A		CTIONS	INS		PERSON RESPONSIBLE
Go to information desk for patient classification	Interview patient for classification		None	5 minutes	Clerk (Municipal Health Office)
2. Proceed to Consultation area	2. Assess the patient and perform cervical smear		None	20 minutes	Rural Health Physician or Melinda de Guzman (Municipal Health Office)
	TOTAL:		None	25 minutes	

Note: Official result shall be issued after 14 working days.



N. SUBDERMAL IMPLANT (IMPLANT INSERTION)

All women 15-45 years old desirous of subdermal contraceptive implant as their modern family planning method will be assessed and advised on the benefits and side effects.

Office or Division:		MUNICIPAL HEALTH OFFICE			
Classification:		Simple			
Type of Transaction	G2C – Government to Client				
Who may avail:		All Citizens of Pulilan			
CHECKLIST C	ENTS	WHERE TO SECURE			
1. 1 Photocopy of Val	address	Client			
CLIENT STEPS AGENCY ACTIO		CTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Go to information desk for patient classification	Interview patient for classification		None	5 minutes	Clerk (Municipal Health Office)
2. Proceed to Consultation area	2. Assess the patient and perform implant insertion		None	10 minutes	Rural Health Physician or Melinda de Guzman (Municipal Health Office)
	TOTAL	:	None	15 minutes	