

**CITY HEALTH OFFICE**  
**External Services**

## 1. Maternal Care, Childbirth Delivery, and New Born Care Services

Manage normal and uncomplicated pregnancy/birth delivery and refer complicated cases to tertiary hospital.

<b>Office or Division:</b>	Cavite City Lying - In			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Pregnant women/New Born Child			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Home Base Mother Record (HBMR)</li> <li>Ultrasound result, CBC, Blood typing, Urinalysis, Hepatitis B, RPR, HIV</li> <li>Barangay Clearance</li> </ul>		Cavite City Rural Health Center/Personal Record		
<b>For Birth Certificate</b>		Hospital/Laboratory Clinic		
<ul style="list-style-type: none"> <li>Marriage Contract (Local Civil Registrar Copy)</li> <li>Cedula for non-marriage</li> </ul>		Barangay		
		Local Civil Registrar		
		Treasurer's Office		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Present Home Base Mother Record (HBMR) and result of laboratory examinations	1.1 Receive the copy of prenatal- check up	None	2 mins	Nurse on duty
	1.2 Prepare for I.E. and assessment	None	5 mins	Midwife on Duty
	1.3. If for admission, fill up admission chart	None	5 mins	Nurse on Duty
	1.4 If non-admission issued referrals	None	5 mins	Doctor on Duty/ Nurse on duty

2. Ask relative to prepare client's and baby's needs and buy the necessary medicines as prescribed by the doctor	2.1. Prescribe medicines and things to prepare	None	5 mins	Doctor on Duty/ Nurse on duty
	2.2. Check things prepared and medicines bought	None	5 mins	Nurse on duty
3. After delivery, mother clean nipples and prepare for breast feeding	3.1. Encourage exclusive breast feeding and discuss its benefits	None	3 mins	Midwife on duty Ctiy Lying- in
4. Transfer mother to OB ward	4.1. Monitor vital signs and instruct the mother to call attention of Nurse on Duty for possible bleeding	None	30 mins	Nurse on Duty City Lying- in
5. Take prescribe postpartum medication	5.1. Prescribe Post-partum medications and instruct frequency of intake	None	3 mins	Doctor on Duty
	5.2. Perform perineal care	None	5 mins	Midwife on duty
6. Submit HBMR card request for newborn screening and issuance growth monitoring card	6.1. Accepts HBMR card and issue request for newborn screening and growth monitoring card	None	5 mins	Nurse on duty
	6.2. Discharge mother and newborn if asymptomatic and advise to return after 2 days for the	None	1 day	Nurse on duty

	processing of birth certificate			
Birth Certificate				
7. Two days after discharge, come to City Health Office for processing of Birth Certificate	7.1. Give the draft form for birth certificate	None	1 min	Encoder CHO
8. Fill – up draft form for Birth Certificate	8.1. Receive and check draft data form and assure its accuracy	None	5 mins	Encoder CHO
	8.2 After reviewing the draft copies, sign four copies of Birth Certificate.	None	5 mins	
	8.3 Release of Birth Certificate	None	1 min	
9. Accept Birth Certificate	9.1 Advice the Client to proceed to Local Civil Registrar for registration of Birth Certificate	None	1 min	Encoder CHO
<b>TOTAL:</b>		<b>None</b>	<b>1 day, 1 hour, and 26 mins</b>	

## 2. Issuance of Certified True Copy of Laboratory Result, Medical Clearance Certificate and Certificate of Quarantine

Office issues certified true copy of positive and negative results of contagious disease (Covid19) to clients or relatives claiming result of swab test. Medical Clearance Certificate and Certificate of Quarantine issued by the Medical Officer and City Epidemiology and Surveillance Unit Head to requesting client or relatives with complete documentation and requirements.

<b>Office or Division:</b>	City Health office / CESU			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizen			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Certified True Copy of Laboratory Results		City Epidemiology and Surveillance Unit		
Recommendation for Lockdown of Barangays/Government and Private Offices/Institution.				
Recommendation for Quarantine of Close Contacts Based in contact tracing investigation				
Medical Clearance Certificate		Head of City Epidemiology and Surveillance Unit		
Certificate of Quarantine		Head of City Epidemiology and Surveillance Unit		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log to Contact Tracing log sheet and Client Transaction Logbook	1.1 Give the required documentary requirements before securing any Certified True Copy of Laboratory Result or Clearance	None	10 mins	Sanitation Inspector II, CESU Office

2. Query	2.1 Receive Requirements	None	10 minutes	Nurse I and Sanitation Inspector II CESU Office
Submit Requirements	2.2 Determine needed request			
3. Wait for the processing of needed document to be issued	3.1 Case 1 Certified true copy of Laboratory Result	None	10 mins	Nurse I or Sanitation Inspector II CESU Office
	3.2 Case 2 Medical Clearance Certificate	None	10 mins	Medical Specialist III CESU Office
	3.3 Case 3 Certificate of Quarantine			
4. Receive needed Satisfactory document				Nurse I or Sanitation Inspector II CESU Office
<b>TOTAL:</b>		<b>None</b>	<b>40 minutes</b>	

### 3. Issuance of Death Certificate, Burial Permit and Transfer Permit

To ensure proper observance of hygiene and sanitary procedures in handling of cadavers and opening of graves

<b>Office or Division:</b>	City Health Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizens
<b>Who may avail:</b>	Citizen

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>Death Certificate</li> <li>Burial Permit</li> <li>Transfer Permit</li> </ul>		Funeral Parlor/City Health Office, 1 <sup>st</sup> floor, Left wing, city Hall Bldg. City Health Office, 1 <sup>st</sup> floor, Left wing, city Hall Bldg. Municipality/City Health Office, 1 <sup>st</sup> floor, Left wing, city Hall Bldg.		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit Requirements	1.1 Received Requirements	None	5 mins	Administrative Aide III CHO
	1.2 Issuance of order of payment	None	4 mins	
2. Pay the corresponding fee	2.1 Case 1 (Death Processing Fee and Burial Permit/ transfer permit) <ul style="list-style-type: none"> <li>If the client died at their house or declared dead on arrival)</li> </ul>	Php 350.00	5 mins	LRCO1 Treasurer's Office
	2.2 Case 2 (burial permit) <ul style="list-style-type: none"> <li>If the client died at the hospital and to be buried in Cavite City</li> </ul>	Php 200.00	5mins	
	2.3 Case 3 (transfer permit) <ul style="list-style-type: none"> <li>If the client will be transferred from Cavite City to another</li> </ul>	Php 200.00	5 mins	
	2.4 Case 4 (cremation permit) If the client chooses to cremate the cadaver	None	5 mins	

	2.5 Case 5 Lot Rental (construction)	Php 200.00	5 mins	
	2.6 Receive payment			
	2.7 Issuance of Official Receipt	None	1 min	
		None	2 mins	
3. Submit Official Receipt to CHO staff	3.1 Accept & Verify Official Receipt	None	3 mins	Administrative Aide III CHO
	3.2 Prepare for encoding details for Death Certificate/Burial Permit/Transfer Permit	None	5 mins	
	3.3 Death Certificate <ul style="list-style-type: none"> <li>checking the entries</li> <li>proceed to Local Civil Registrar for registration</li> </ul>	None	5 mins	
4. Wait for the death certificate to registered	4.1. Registration of Death Certificate	None	10 mins	Encoder Local Civil Registrar
	4.2 forwarding the registered death certificate to the CHO	None	3 mins	
5. Receiving of Death Certificate/ Burial/ Transfer Permit	5.1. Releasing of Death Certificate/ Burial Permit/ Transfer Permit	None	2 mins	Administrative Aide III CHO
<b>TOTAL:</b>	Case 1	Php 350.00	50 mins	LRCO1
	Case 2	Php 200.00		



	Case 3	<b>Php 150.00</b>		Treasurer's Office
	Case 4	<b>None</b>		
	Case 5	<b>Php 200.00</b>		

#### 4. Issuance of Exhumation Permit

To ensure proper observance of hygiene and sanitary procedures in handling of cadavers and opening of graves

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizen			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Letter of Notice from City Cemetery Administrator</li> <li>Notice to open the grave from City Cemetery Administrator</li> <li>Barangay Clearance</li> </ul>		City Cemetery Administrative office, Brgy 49 Cavite City City Cemetery Administrative office, Brgy 49 Cavite City  Barangay		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Submit Requirements	1.1 Receive Requirements	None	5 mins	Sanitation Inspector CHO
	1.2 Check and determine the cause of death of the person	None	10 mins	
	1.3 Issuance of order of payment	None	5 mins	

2. Pay the corresponding fee	2.1 Receive payment			
	• Lot Rental Permit	Php 200.00	20 mins	LRCO1 Treasurer's Office
	• Exhumation Permit	Php 150.00		
	• Transfer Permit	Php 200.00	5 mins	
	2.2 Issuance of Official Receipt	None		
3. Submit Official Receipt to CHO staff	3.1 Accept & Verify Official Receipt	None	5 mins	Sanitation Inspector CHO
	3.2 Prepare for encoding details for Exhumation Permit	None	15 mins	
	3.3 Record the details on logbook	None	15 mins	
4. Receiving of exhumation permit	4.1 Releasing of Exhumation Permit	None	5 mins	Sanitation Inspector CHO
<b>TOTAL:</b>	Lot Rental and Exhumation Permit	<b>Php 350.00</b>	<b>1 hour and 25 mins</b>	LRCO1 Treasurer's Office
	Lot Rental	<b>Php 200.00</b>		
	Exhumation Permit	<b>Php 150.00</b>		
	Transfer Permit	<b>Php 200.00</b>		

## 5. Issuance of Medical Certificate

For medical clearance as a requirement in applying for a job or as supporting documents for sick leave application or similar legal circumstance.

<b>Office or Division:</b>	City Health Office
<b>Classification:</b>	Simple

<b>Type of Transaction:</b>		G2C – Government to Citizens		
<b>Who may avail:</b>		Citizen		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Laboratory Results</li> <li>X-ray Results</li> </ul> <p>For Employment</p> <ul style="list-style-type: none"> <li>Police Clearance</li> <li>Barangay Clearance</li> <li>Doctor's order for treatment and management</li> </ul>		<p>Laboratory Clinic, P. Paterno St. Cavite City/hospitals Hospitals</p> <p>Police Stations Barangay Cavite City Rural Health Centers/Cavite City Lying-in/City Health Office, 1<sup>st</sup> Floor, Left wing City Hall bldg..</p>		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient inquires from the staff to secure Medical Certificate	Taking vital signs	None	5 mins	Casual Worker CHO Nurse III Rural Health Center Nurse on Duty City Lying- In
	Make a patient Record	None	5 mins	
2. Submit Patient to Medical Officer for Medical Check up	2.1 Assist patient	None	3 mins	Casual Worker CHO Nurse III Rural Health Center Nurse on Duty City Lying- In
	2.2 Prepare for Medical Certificate	None	3 mins	City Health Officer II CHO Medical Officer Rural Health Center/Cavite City Lying in
	2.3 Accomplished Medical Certificate	None	5 mins	

3. Wait for the issuance of the Medical Certificate	3.1. Staff will seal the Medical certificate	None	2 mins	Casual Worker CHO Nurse III Rural Health Center Nurse on Duty City Lying- In
	3.2. Releasing of Medical Certificate	None	1 min	
<b>TOTAL:</b>		<b>None</b>	<b>24 minutes</b>	

## 6. Issuance of sanitary permit for all business establishments and health permit for personnel of food establishments

To ensure compliance of sanitary and health regulations in business operations.

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizen			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>• Brgy Clearance</li> <li>• Community Tax Certificate (Cedula)</li> <li>• Picture 2x2</li> <li>• Stool Exam Results</li> <li>• Sputum Exam Results</li> </ul>		Barangay Treasurer's office  Photo Printing Shop Laboratory Clinic Laboratory Clinic		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the data requirement to the Sanitary Inspector	1.1 Receive and Check the requirements	None	5 mins	Sanitation Inspector CHO
	1.2 Interview the client for the issuance of sanitary/ health permit	None	10 mins	

<p>2. Pay the required health card fee at the cashier and get official receipt</p>	<p>2.1 Receive payment</p> <ul style="list-style-type: none"> <li>• Sanitary Permit for food related</li> <li>• For non-food establishment</li> </ul> <p>For health certificate</p> <p><b>Case 1</b></p> <p>Non food</p> <ul style="list-style-type: none"> <li>• Carwash boy/ woman</li> <li>• Gasoline boy/ woman</li> <li>• Laundry boy/ woman</li> <li>• Life guard</li> <li>• Manicurist</li> <li>• Massage attendant</li> <li>• Refiller</li> <li>• Driver</li> <li>• Sales lady/boy</li> </ul> <p>Food</p> <ul style="list-style-type: none"> <li>• Food handler</li> <li>• Food server</li> <li>• Helper</li> <li>• Kitchen staff</li> </ul> <p><b>Case 2</b></p> <p>Non-Food</p> <ul style="list-style-type: none"> <li>• Cashier</li> <li>• Delivery Rider</li> <li>• Gaffer</li> <li>• Hair dresser</li> <li>• Merchandizer</li> </ul>	<p>Php 250.00</p> <p>Php 150.00</p> <p>Php 152.00</p> <p>Php 152</p>	<p>15 mins</p>	<p>LRCO1 Treasurer's Office</p> <p>LRCO1 Treasurer's Office</p>
--	---	--	----------------	---

	<ul style="list-style-type: none"> <li>• Store Crew</li> <li>• Tailor</li> <li>• Beautician</li> <li>• Assistant Pharmacist</li> <li>• Barber</li> <li>• Butcher</li> <li>• Foot Spa Attendant</li> </ul>	Php 202.00		
	Food <ul style="list-style-type: none"> <li>• Assistant Cook</li> <li>• Chief Cook</li> <li>• Cook</li> <li>• Service Crew</li> <li>• Waiter/ waitress</li> <li>• Store Crew</li> </ul>	202.00		
	<b>Case 3</b> Non-Food <ul style="list-style-type: none"> <li>• Appraiser</li> <li>• Embalmer</li> <li>• Assistant Manager</li> </ul>			
	Food <ul style="list-style-type: none"> <li>• Baker</li> <li>• Dietician</li> <li>• Nutritionist</li> </ul>	Php 252.00		
	<b>Case 4</b> Non food <ul style="list-style-type: none"> <li>• GRO</li> <li>• Manager</li> <li>• Pharmacist</li> <li>• Supervisor</li> <li>• Floor Manager, owner/ operator</li> </ul>			
	2.2 Issuance of Official Receipt	Php 302.00		LRCO1 Treasurer's Office

3. Submit Official Receipt	3.1 Accept & Verify Official Receipt  3.2 Prepare Health/sanitary permit	None	5 mins  15 mins	Sanitation Inspector CHO
4. Wait for the releasing of health/sanitary permit	4.1 Release Health/Sanitary Permit	None	5 mins	Sanitation Inspector CHO
<b>TOTAL:</b>	Sanitary Permit <ul style="list-style-type: none"> <li>Food Related</li> <li>Non-Food</li> </ul> Case 1  Case 2  Case 3  Case 4	<b>Php 250</b> <b>Php 152.00</b> <b>Php 152.00</b> <b>Php 202.00</b> <b>Php 252.00</b> <b>Php 302</b>	45 mins	LRCO1   Treasurer's Office

## 7. Provision of Anti-Tuberculosis Treatment/Medicines

To ensure that TB diagnostic, treatment and information services are available and accessible to the community and to control TB symptomatic by identifying the TB Patient among individuals with suspected signs and symptoms of TB.

<b>Office or Division:</b>	City Health Office	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizens	
<b>Who may avail:</b>	Citizen	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<ul style="list-style-type: none"> <li>Family Health Card</li> <li>Sputum (Gene expert/DSSM)</li> <li>Chest X-ray</li> </ul>		Cavite City Rural Health Centers Laboratory Clinic/Hospitals Hospitals

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure patient number found in the admission table	1.1 Give patient number	None	5 mins	Midwife Health Centers
2. Proceed to assigned midwife in their respective barangay and present family card	1.2 <b>Case 1</b> (new patient) create patient record/family health card	None	30 mins	Midwife Health Centers
	<b>Case 2</b> (Retreatment) check and update Family Health Card	None	15 mins	
3. Present the three sputum and chest x-ray results	3.1. Check sputum and chest x-ray	None	10 mins	Nurse III Health Centers
	3.2. Submit for Physical check-up and counseling and get the NTP card on TB program	None	40 mins	
4. Take the free initial drug and come back to RHU daily to take the remaining drugs until the completion of the treatment period	4.1 Prepare the initial drug and educate the patient on how to take the medicine.	None	30 mins	Nurse III Health Centers
	4.2 Advise the patient to come back to the RHU for his/her daily medicine until the	None	15 minutes	Midwife Health Centers



	treatment is complete  <b>Case 3 (Patient is not visiting daily)</b> <ul style="list-style-type: none"> <li>Locate the patients address and go to the house to give the prescribe medicine</li> </ul> 4.3 Issue medical certificate clearance	None  None	1 hour  5 minutes	Medical Officer Health Center
<b>TOTAL:</b>	<b>Case 1</b>  <b>Case 2</b>  <b>Case 3</b>	None  None  None	<b>1 hour and 40 mins</b> <b>2 hours and 5 mins</b> <b>1 hour and 10 mins</b>	

## 8. Provision of Dental Services are Available

To ensure that service is available to pre-school and school age children, pregnant mothers and other adults to prevent, treat, and manage dental problems.

<b>Office or Division:</b>	City Health Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizens
<b>Who may avail:</b>	Citizen
<div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div>	

<ul style="list-style-type: none"> <li>• No requirements for new patient</li> <li>• Home Base Mother Record (HBMR) - For pregnant mothers</li> <li>• Pre-school and school age growth monitoring chart</li> </ul>		Rural Health Centers/Personal Record  Schools		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to City Dental Clinic and write the name on the board outside the dental clinic	1.1 Check the board outside the dental clinic	None	5 mins	Dentist II City Dental Clinic
2. Stay in the waiting area and wait for your name to be called	2.1 Call the name of the patient	None	30 mins	Dentist II City Dental Clinic
3. Proceed to dental clinic for appropriate treatment or dental advice	3.1 Interview the patient and create a patient record	None	10 mins	Dentist II City Dental Clinic
	3.2 take appropriate treatment/dental advice	None	30 mins	
	3.4 Educate the patient on how to take the medicines	None	2 mins	Dentist II City Dental Clinic
	3.5 Discharge patient			
<b>TOTAL:</b>		None	<b>1hr and 17 minutes</b>	

## 9. Provision of DOH Health Care Delivery Services

### Treatment and Consultation

To diagnose, treat, and manage illnesses and provide appropriate medical attention.

<b>Office or Division:</b>	City Health Office/First Aid & Emergency Facility (Lying-in)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizen			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>• Growth Monitoring Chart</li> <li>• No requirement for new patient</li> <li>• Home Base Mother Record (HBMR)</li> <li>• Patient Record</li> </ul>		Cavite City Rural Health Centers  Cavite City Rural Health Centers  Cavite City Rural Health Centers		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Approach any health personnel at health centers	1.1 Give number and refer to free health personnel	None	2 minutes	Nurse Midwife Rural Health Centers Nurse/Midwife on duty First Aid & Emergency Facility
2. Relay to the staff the reason for consultation	2.1 Secure patient record	None	2 mins	Nurse Midwife Rural Health Centers
	2.2 Take Vital sign	None	3 mins	Nurse/Midwife on duty

	2.3 Interview patient regarding condition ex. Days of symptoms	None	5 mins	First Aid & Emergency Facility
3. Wait for your turn to be called	3.1 Call the patient and assist to doctors room	None	25 mins	Nurse Midwife Rural Health Centers Nurse/Midwife on duty First Aid & Emergency Facility
4. Go to the doctor's room	4.1 Check and assess the patient	None	15 mins	Medical Officer Rural Health Centers/ First Aid & Emergency Facility
	4.2 Prescribe medication and educate the patient	None	10 mins	
	4.3 Advice the patient to give the patient record on the assign midwife	None	5 mins	
5. Give the patient record	5.1 Receive and file the patient record	None	2 mins	Midwife Rural Health Centers Nurse/Midwife on duty First Aid & Emergency Facility
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 9 mins</b>	

## 10. Provision of Family Planning Services

To maintain high quality services and ensure quality family planning acceptance, to promote and assist couples in choosing preferred family planning method.

<b>Office or Division:</b>	City Health Office
<b>Classification:</b>	Simple

<b>Type of Transaction:</b>		G2C – Government to Citizens		
<b>Who may avail:</b>		Citizen		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Family Health Card</li> <li>No requirement for new patients</li> </ul>		Cavite City Rural Health Office		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure patient number found in the admission table and wait to be called	1.1 Give patient number	None	5 mins	Midwife Rural Health Centers
	1.2 Interview and Determine if old or new patient	None	15 mins	
2. Give information needed	<b>2.1 A. Case 1 (New Patient)</b>	None	10 mins	Midwife Rural Health Centers
	<b>A.1</b> Interview and create patient record	None	5 mins	
	<b>B. Case 2 (Old Patient)</b> <b>B.1</b> Check and update Patient Record	None	15 mins	
<b>A. Case 1</b> <b>A.1</b> Go to the Dr. Office	<b>A.2 Case 1</b> Inform the Dr. about the new patient for assessment	None	15 mins	Medical Officer Rural Health Centers
	<b>A.3 Case 1</b> Interview and Examine the patient	None	10 mins	
	<b>A.4 Case 1</b> Give Prescribed Medicine	None		

3. Give the Prescription to the assign midwife	3.1 Prepare prescribed medicine	None	10 mins	Midwife Rural Health Centers
4. Wait for the medicine to be prepare	4.1 Write down the details on the logbook/family planning TCL	None	10 mins	Midwife Rural Health Centers
5. Receive the Medicine	5.1 Give and Educate the patient and tell them for their next schedule	None	10 mins	Midwife Rural Health Centers
<b>TOTAL:</b>	<b>Case 1</b>	<b>None</b>	<b>1 hr and 20 mins</b>	
	<b>Case 2</b>	<b>None</b>	<b>55 mins</b>	

## 11. Provision of Laboratory Services

To deliver free laboratory services to the populace city.

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizens of Cavite City			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Medical Request Form</li> </ul>		Cavite City Rural Health Office		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>Case 1</b> <b>Urinalysis, Fecalysis and Sputum</b> 1. Give Medical request form	1.1 Check the medical request form	None	5 mins	Nursing Attendant

	1.2 Ask the patient to write down the name and age on the specimen bottle	None	5 mins	Job Order Medical Technologist I Laboratory Clinic
2. write down the name and age on the specimen bottle	2.1 Advice the patient to return at 3pm for the results	None	3 mins	Nursing Attendant Job Order Medical Technologist I Laboratory Clinic
	2.2 Process the specimen	None	6 hours	Medical Technologist I Laboratory Clinic
3. Return to the Laboratory clinic on the said time	3.1 Check the name of the patient and look for the result	None	15 mins	Nursing Attendant I Job Order Laboratory Clinic
4. Receive the result	4.1 Give the result to the patient	None	5 mins	Nursing Attendant I Job Order Laboratory Clinic
<b>Case 2 Blood Test</b> 1. Give Medical request form	1.1 Check the medical request form	None	5 mins	Nursing Attendant Job Order Medical Technologist I Laboratory Clinic
	1.2 Advice the patient to wait	None	2 mins	
	1.3 Prepare for the things to be use	None	5 mins	

2. Wait to be extract	2.1 Perform the examination request	None	5 mins	Medical Technologist I Laboratory Clinic
	2.2 After performing the examination request advice the patient to return at 3pm for the result	None	2 mins	Nursing Attendant Job Order Medical Technologist I Laboratory Clinic
3. Return to the Laboratory clinic on the said time	3.1 Check the name of the patient and look for the result	None	15 mins	Nursing Attendant I Job Order Laboratory Clinic
4. Receive the result	4.1 Give the result to the patient	None	5 mins	Nursing Attendant I Job Order Laboratory Clinic
<b>TOTAL:</b>		<b>None</b>	<b>7 hours and 12 mins</b>	

## 12. Provision of Leprosy Treatment and Medication

To treat and manage patients with leprosy, and prescribe medicines free of charge.

<b>Office or Division:</b>		City Health Office		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C – Government to Citizens		
<b>Who may avail:</b>		Citizen		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>No requirement for new patient</li> <li>Medication Card</li> </ul>		Personal/Cavite City Rural Health Center		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



1. Approach any health personnel	1.1 Instruct the patient to get a patient number	None	5 mins	Midwife Rural Health Centers
	1.2 Check vital sign	None	15 mins	
2. Inquire about skin problem	2.1 Interview client's personal information, past medical history and present illness	None	25 mins	Nurse Rural Health Centers
	2.2 Submit for physical examination and further assessment. Request for Slit-skin smear is given	None	15 mins	Medical Officer Rural Health Centers
3. Patient will go to a clinic where slit-skin smear test is done (Skin Clinic)	3.1 Wait for the result	None	5 days	Personnel of Clinic
4. Patient will go to health center to present the result of slit-skin smear	4.1 Refer the result to Physician	None	10 mins	Nurse Rural Health Centers
	4.2 Doctor will interpret the result of the test and will decide if the patient will start treatment or not	None	5 mins	Medical Officer Rural Health Centers
5. Patient will present the order of the doctor	5.1 If the test is negative patient will be health educated and will be instructed	None	10 mins	

	to come back if any problem arises  5.2 If the test is positive, patient will start the treatment, health educated and will be instructed to come back every month for 2 years or if any problem arises	None	7 mins	Nurse Rural Health Centers
<b>TOTAL:</b>		None	5 days, 1 hour and 32 mins	

### 13. Provision of National Immunization Program Services

- To immunize children 0-11 months old from the common childhood diseases, missed opportunity children and defaulter children.
- To immunize pregnant mothers for tetanus toxoid in order to prevent the occurrence of Tetanus Neonatorum in infants

<b>Office or Division:</b>		City Health Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizens		
<b>Who may avail:</b>		Citizen		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>• Immunization Card</li> <li>• No requirements for new patient</li> </ul>		Personal/Cavite City Rural health Center		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Parent will approach any personnel in the Health Center	1.1 Instruct the patient to secure a Patient Number	None	15 mins	Midwife Rural Health Center
	1.2 Check Vital Signs	None	10 mins	Barangay Health Worker Rural Health Centers
	1.3 Interview babies personal information, past medical history, past immunization history	None	10 mins	Midwife Rural Health Center
2. Client will proceed to the Nurse for immunization	2.1 Nurses will assess the overall health of the baby and post immunization counselling	None	15 mins	Nurse Rural Health Centers
<b>TOTAL:</b>		<b>None</b>	<b>50 minutes</b>	

#### 14. Provision of Pre-Marriage Counselling

To make the prospective couple aware on the importance of reproductive health including the different family planning methods and responsible parenthood. This is also in compliance with Executive Order 2019 Article 16 Family Code of the Philippines. Prospective couples are required to undergo this counseling for the issuance of their marriage license from the City Civil Registrar Office after 10 Days publication.

<b>Office or Division:</b>	City Health Office	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizens	
<b>Who may avail:</b>	Citizen	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<ul style="list-style-type: none"> <li>Official Receipt of Family Planning Counselling</li> <li>Birth Certificate</li> </ul>		<p>Treasurer's Office</p> <p>Local Civil Registrar</p>

<ul style="list-style-type: none"> <li>• Certificate of No Marriage (Applicants Above 25 years old)</li> </ul>		PSA		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to City health center	1.1 Approach the client and interview	None	10 mins	Midwife III San Roque Health Center Nurse IV City Health Office
	1.2 Issuance of order of payment and advice the client to pay it to City Treasurer's Office and come back with O.R. (official Receipt)	None	5 mins	
2. Pay the corresponding fee	2.1 Receive payment			LRCO1 Treasurer's Office
	<ul style="list-style-type: none"> <li>• Family planning</li> </ul>	Php 150.00	10 mins	
			10 mins	
	<ul style="list-style-type: none"> <li>• Pre-marriage Counselling</li> </ul>	Php 100.00	2 mins	
	2.2 Issuance of Official Receipt	None		
3. Return to San Roque Health Center	3.1 Lecture on the importance of reproductive health and family planning methods	None	40 mins	Midwife III San Roque Health Center  Nurse IV City Health Office
4. Client Receive the Family Planning Certificate and proceed to Local Civil Registrar for filling of	4.1 Give the family planning certificate and advice to proceed to Local Civil registrar for filling of marriage application	None	10 mins	Midwife III San Roque Health Center  Nurse IV City Health Office

marriage application				
<b>TOTAL:</b>	<ul style="list-style-type: none"> <li>Family Planning</li> <li>Pre-marriage counselling</li> </ul>	<b>Php 150.00</b> <b>Php 100.00</b>	<b>1 hour and 27 mins</b>	

## 15. Provision of Prenatal and Post-Partum Care

Provides a comprehensive maternal care program for all pregnant women and post-partum mothers in the city

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Pregnant and Post-partum Mother			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ul style="list-style-type: none"> <li>No requirement for new patient</li> <li>Home Base Mother Record (HBMR)</li> </ul>			Cavite City Rural Health Center	
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>Case 1 Prenatal</b>				
1. Secure number found in the admission table	1.1 Approach and give number	None	5 mins	Midwife Rural Health Centers
	1.2 Take vital sign, temperature and weight	None	5 mins	
2. Proceed to assign midwife	2.1 Admission and examination of patient for 1 <sup>st</sup> check –up and follow up check-up	None	20 mins	Midwife

	2.2 Assessment of patients by doing Leopold's maneuver	None	20 mins	Rural Health Centers
	2.3. Give request for lab, dental check-up and RPR <ul style="list-style-type: none"> <li>• HIV testing</li> <li>• Pre- natal counselling given especially to teenage pregnancy</li> </ul>	None	25 mins	
	2.4 Show them what they should do and when to return	None	10 mins	
3. Complete the given request	3.1 Perform the procedure base on the request	None	1 day	Medical Technologist I City Laboratory Clinic Dentist II City Dental Clinic Midwife II City Social Hygiene Clinic
4. Return to the health center once the request is done	4.1 Check and assess the results	None	15 mins	Medical Officer Rural Health Centers
	4.2 Prescribe medicines	None	10 mins	
5. Receive the medicines	5.1 Giving the FeSo4 on the 1 <sup>st</sup> trimester and schedule for the next visit	None	5 mins	Midwife Rural Health Centers
<b>Case 2 Post-partum</b>		None	5 mins	Midwife

1. Secure number found in the admission table	1.1 Approach and give number			Rural Health Centers
2. Proceed to assigned midwife	2.1 Admit and interview the patient	None	15 mins	Midwife Rural Health Centers
	2.2 Check and update the patient record	None	5 min	
	2.3 Take vital sign	None	3 mins	
	2.4 Advice the patient to look onto any possible discharges	None	10 mins	
3. Receive Medicine and HBMR	3.1 Give vitamins A on check-up and FeSo4 to the patient	None	5 mins	Midwife Rural Health Centers
	3.2 Advice to return for well-baby schedule	None	5 mins	
	3.3 Advised exclusive breast feeding for 6months	None	5 mins	
	3.4 Introduce Family Planning	None	20 mins	
<b>TOTAL:</b>	Case 1	<b>None</b>	<b>1 day 1 hr and 55 mins</b>	
	Case 2	<b>None</b>	<b>1 hr and 3 mins</b>	

## 16. Provision of Treatment for Rabies

To prevent and properly treat clients with dogs/cats/rats bites and strengthen anti-rabies education in accordance with R.A. 9482

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Citizen of Cavite City			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
No requirement				
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client proceed to city Mayor's office	1.1 Reporting, Verification, monitoring and referral of biting incidents in Cavite City	None	5 mins	Nurse I City Mayors Office
2. Proceed to Animal Bite Treatment Center	2.1 Assessment of Animal Bite patient	None	5 mins	Medical Officer Nurse I Midwife I Animal Bite Treatment Center
	2.2 Treatment and management of Animal Bite Patients <ul style="list-style-type: none"> <li>Vaccination of Anti-Rabies Vaccine</li> <li>Vaccination of wound site Anti-rabies vaccine</li> <li>Provision of Anti-Tetanus Vaccine</li> </ul>	None	30 mins	
		None	30 mins	Medical Officer
	2.3 Prescription of antibiotics and pain management drugs	None	30 mins	Nurse I Midwife I



	2.4 Reporting and Recording, Filling of ABTC patients record  2.5 Post-treatment evaluation and counselling	None	30 mins	Animal Bite Treatment Center
3. Get the animal bite treatment card	3.1 Give animal treatment card and advice the patient to comeback for their next schedule	None	5 Mins	Nurse I Midwife I Animal Bite Treatment Center
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 45 mins</b>	

## 17. Quarantine Facility

Manage normal and uncomplicated Covid Patients and refer complicated cases to tertiary Covid Facility (Cavite City First Aid & Emergency Facility)

<b>Office or Division:</b>		Cavite City First Aid & Emergency Facility		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		Government to Citizens		
<b>Who may avail:</b>		Covid Patients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Positive Swab Result</li> </ul>		Swabbing Facility		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Go to Quarantine				Ambulance Dispatcher and Driver

facility via ambulance				CDRMMO
2. Wait at the waiting area	2.1 Interview/ History Taking, note if asymptomatic or symptomatic, Document: Date of Swab test & Date of Result, Vital Sign Taken	None	1 hour	Nurse/Midwife on Duty
	2.2 Secure Consent for Admission	None	15 mins	
	2.3 Assess by the Doctor			
	2.4 Medicine Prescribed		1 hour and 30 mins	Doctor on Duty
	2.5 Health Teaching			Doctor/Midwife/ Nurse on Duty
2. Transfer to Room	2.1 Explained Facilities Rules & Regulations	None		
	2.2 Explain the importance of taking the prescribed medicines	None	30 mins	Nurse/Midwife on duty
3. After 10 – 14 days of Quarantine (may go home)	3.1 Assessed by Doctor, MGH (May Go home) orders made - abstract done, continuity of home medicine prescribed	None	1 hour and 30 mins	Doctor On duty
	3.2 Coordinating with the Radio Room for transportation (ambulance)	None	2 hours	Nurse/Midwife on duty

	3.3 abstract given, Home medicine instruction, Advise health teaching	None	30 mins	
<b>TOTAL:</b>		<b>None</b>	<b>14 days and 7 hours</b>	

## 18. Treatment and Management of Sexually Transmitted/ Reproductive Tract Diseases/HIV/AIDS prevention

Identify and treat clients for any disease in reproductive tract especially the Guest Relation Officers and other entertainment workers. To widely disseminate awareness of the populace regarding STD/HIV/AIDS

<b>Office or Division:</b>	City Health Office		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	G2C – Government to Citizens		
<b>Who may avail:</b>	Citizen		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<b>Pregnant Women</b> <ul style="list-style-type: none"> <li>● Prenatal Record</li> <li>● Request of Blood screening test (RPR/VDRL, HBsAg) HIV screening test no need of request – Voluntary</li> <li>● If client is below 15 years old, prenatal consent is required</li> </ul> <b>GRO, Receptionist, cashier, waitress/food server, cook, massage spa/therapist</b> <ul style="list-style-type: none"> <li>● Need Health Permit</li> <li>● Gram Stain Smear</li> <li>● Photocopy of business permit of the establishment</li> </ul>		Cavite City Rural Health Center  Cavite City Rural Health Center  Parent/relatives/social worker    City Health Office, Cavite City Cavite City Social Hygiene Clinic  Business Owner	

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>Case 1 Smear</b> 1. Go to Cavite City Social Hygiene Clinic	1.1 Patient admission			
	<b>A. For New Patient</b> interview and create patient record, secure consent.	None	20 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
	<b>B. For Old Patient</b> Check and update patient record	None	10 mins	
	1.2 Explain the procedure of gram steam	None	15 mins	Midwife II City Social Hygiene Clinic
	1.3 Advice patient to go to examination room	None	2 mins	
2. Proceed to examination room	2.1 Perform smear test	None	5 mins	
	2.2 Transfer specimen	None	2 mins	Midwife II City Social Hygiene Clinic
	2.3 Instruct patient to return in the afternoon for the smear result	None	2 mins	
3. Return to Facility	3.1 Release of Smear Result	None	5 mins	Midwife II Nursing Attendant I
	3.2 Inform the Doctor about the patient	None	2 mins	City Social Hygiene Clinic
4. Proceed to Doctor's office	4.1 Interview and examine the patient	None	20 mins	Medical Officer City Social Hygiene Clinic

	4.2 Prescribe lab test and medicines needed	None	5 mins	
5. Give prescription to assigned personnel	5.1 Prepare the prescribed medicines (if available)	None	5 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
6. Wait for the medicines	6.1 Write down the details on the logbook	None	5 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
7. Receive the medicines	7.1 Give and repeat the instruction about the medicines and remind schedule of next visit	None	5 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
<b>Case 2 Pregnant Women</b> 1. Give Prenatal Record and request of blood screening test	1.1 Accept requirements	None	3 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
	1.2 Instruct to go to conference room for briefing	None	2 mins	
2. Proceed to the conference room	2.1 Explain the blood screening test importance	None	15 mins	Midwife II Medical Officer City Social Hygiene Clinic
	2.2 Provide HIV screening test pre-counseling	None	30 mins	
	2.3 Accomplish form A for HIV screening test	None	15 mins	
				Midwife II

	2.4 Instruct the patient to go to laboratory for extraction	None	2 mins	City Social Hygiene Clinic
3. Proceed to laboratory	3.1 Advice to return in the afternoon for post counselling of the HIV screening test result and other blood test result	None	3 mins	Midwife II Nursing Attendant I City Social Hygiene Clinic
4. Return to the facility	4.1 Provide post-counselling and release the blood test result  4.2 Inform the doctor about the patient	None	15 mins  3 mins	Midwife II City Social Hygiene Clinic
5. Go to the Doctors Office	5.1 Interview and examine the patient  5.2 Prescribe lab test and medicines	None  None	20 mins  5 mins	Medical Officer City Social Hygiene Clinic
6. Give prescription to assign personnel	6.1 Prepares prescribed medicines (if available)	None	5 mins	Midwife II City Social Hygiene Clinic
7. Wait for the medicines	7.1 Write down the details on the logbook	None	5 mins	Midwife II City Social Hygiene Clinic
8. Receive medicines	8.1 Give and repeat the instruction about medicines and remind schedule of next visit	None	5 mins	Midwife II City Social Hygiene Clinic
<b>TOTAL:</b>	<b>Case 1</b> <ul style="list-style-type: none"> <li>New patient</li> <li>Old patient</li> </ul>	<b>None</b>  <b>None</b>	<b>1hr and 34 mins</b>  <b>1 hr and 24 mins</b>	

	<b>Case 2</b>	<b>None</b>	<b>2 hrs and 8 mins</b>	
--	---------------	-------------	-------------------------	--

## 19. Issuance of Requested Health Data and Information

Issuance/release of Health Data and Information upon the request of public or private sector in accordance Data Privacy Act (RA 10173)

<b>Office or Division:</b>	City Health Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizens			
<b>Who may avail:</b>	Requesting Public and Private Sector			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Valid ID</li> <li>Photo Copy of Valid ID</li> <li>2 Letter of Request (1 receiving copy and 1 for file copy)</li> </ul>				
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Go to City Health Office	3.1 Check Valid ID and Letter of request then acknowledge receipt; and attach photocopy of valid ID	None	10 minutes	Administrative Asst. or Administrative Aide City Health Office
2. Wait at the waiting area				
3. Submit letter of request indicating needed health data or information			2 minutes	

	3.2 Letter of request assessed and evaluated by the City Health Officer	None	60 minutes	City Health Officer City Health Office
	3.3 Approval or disapproval of Health Data and information release  3.4 Approved letter of request -Transmittal letter -Health Data and Information released  3.5 Disapproved letter of request -letter of disapproval	None	20 minutes	City Health Officer City health Office  Supervising Administrative Officer or Administrative Asst. City health Office
4. Received	4.1 Release of Transmittal Letter and Requested Health Data and Information or letter of disapproval.	None	5 minutes	
<b>TOTAL:</b>			<b>1 hour 37 minutes</b>	

## 20. Provision of Covid19 Vaccination

Issuance/release of Health Data and Information upon the request of public or private sector in accordance Data Privacy Act (RA 10173)

<b>Office or Division:</b>	Cavite City Covid19 Vaccination Center
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C-Government to Citizens
<b>Who may avail:</b>	Public and Private Sector
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>



<div> <div> <b>For Adult Vaccination</b> <ul style="list-style-type: none"> <li>Valid ID or</li> <li>Barangay Clearance</li> <li>Secure schedule of Vaccination</li> <li>Vaccination card (for Booster Dose)</li> </ul> </div> <div> <b>For Pediatric vaccination</b> <ul style="list-style-type: none"> <li>Photocopy of Birth Certificate of Child</li> <li>Secure schedule of Vaccination</li> <li>Identification Card or School ID of Child</li> <li>Valid ID of Parent or</li> <li>Barangay Clearance of Parent</li> <li>Child should be Accompanied by Parent or Guardian</li> </ul> </div> </div> <div> <ul style="list-style-type: none"> <li>-Barangay</li> <li>-Cavite City Official FB Page</li> <li>-Cavite City Vaccination Center</li> <li>-Parents File Copy or City Registrar's Office</li> <li>- Cavite City Official FB Page</li> <li>-Any institution issued ID to child</li> <li>-School where child attended</li> <li>-Copy of parent valid ID or any institution that issue valid id</li> <li>-Barangay</li> </ul> </div>				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Cavite City Official FB Page to check for posted schedule		None		Cavite City Official -City Administrator Office
2. Secure Requirements for Vaccination				Concerned Agency or Government Office
3. Go to Cavite City Covid19 Vaccination				BHS and BHW

4. Go to the waiting area	4.1 Fill-up Covid19 Information form			Cavite City Vaccination Center
5. Approach TRIAGE personnel for verification of requirements	<p>5.1 Assess client's requirements</p> <p><b>A. For Adult Vaccination</b></p> <ul style="list-style-type: none"> <li>• Valid ID or</li> <li>• Barangay Clearance</li> <li>• Secure schedule of Vaccination</li> <li>• Vaccination card (for Booster Dose)</li> </ul> <p><b>B. For Pediatric vaccination</b></p> <ul style="list-style-type: none"> <li>• Photocopy of Birth Certificate of Child</li> <li>• Secure schedule of Vaccination</li> <li>• Identification Card or</li> <li>• School ID of Child</li> <li>• Valid ID of Parent or</li> <li>• Barangay Clearance of Parent</li> </ul> <p>Child should be Accompanied by Parent or Guardian</p>	None	5 minutes	Midwife Cavite City Vaccination Center

6. Go to Registration and Accept your Vaccination Card	6.1 Process and release Vaccination Card to Patient	None	3 minutes	Computer Operator I (J.O) and Detailed Human Resource for Health Cavite City Vaccination Center
7.Go to Counselling Area	7.1 Counselling patient for Covid-19 Vaccination	None	10 minutes	Nurses Cavite City Vaccination Center
8.Go to Screening Area	8.1 Screening client's vaccination eligibility	None	5 minutes	Medical Officers and Nurses Cavite City Vaccination Center
9. Go to vaccination Area	9.1 Vaccinate eligible individual	None	3 minutes	Nurses Cavite City Vaccination Center
10. Go to Post Vaccination	10.1 Assist Client transferring from Vaccination Area to Post Vaccination Site	None	2 minutes	BHW and BNS Cavite City Vaccination Center
	10.2 Post Vaccination Monitoring			
	10.3 Post Vaccination Health teaching, Medical Examination and Advice	None	15 minutes	
8. Exit Vaccination Site	8.1 Assist Client on their way to exit		2 minutes	

<b>TOTAL:</b>			<b>45 minutes</b>	
---------------	--	--	-------------------	--