



Republic of the Philippines  
Province of Pangasinan  
Municipality of Manaoag

## OFFICE OF THE MUNICIPAL HEALTH OFFICER

### CITIZEN'S CHARTER

<b>TYPE OF TRANSACTION/ FRONTLINE SERVICE</b>	<b>FEES</b>	<b>FORMS</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON/SECTION</b>
<b>A. MATERNAL AND CHILD HEALTH CARE</b>				
1. PRENATAL CARE	----	----	10 minutes	Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza
2. POST NATAL CARE	----	----		Remedios Eulalio Remedios Barcena Alma Galario
3. IMMUNIZATION SERVICES	----	----	3 minutes	Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun
<b>B. DIRECT OBSERVE TREATMENT SHORT COURSE</b>	----	----	5 minutes	Dr. Raymund Veloria Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar
<b>C. PRE MARRIAGE COUNSELING</b>	----	----	30 minutes	Alicia Tulio
<b>D. OUT PATIENT CONSULTATION</b>	----	Individual Treatment Record	3 minutes	Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot Gloria Hidalgo Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun

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<b>E.</b> PROVISION OF LABORATORY EXAMINATION	----	Laboratory Request Slip	<i>30 minutes</i>	<i>Ellaine Cordova</i>
<b>F.</b> ISSUANCE OF HEALTH/MEDICAL CERTIFICATE	----	----	<i>3 minutes</i>	<i>Dr. Raymund Veloria</i>
<b>G.</b> PROVISION OF DENTAL SERVICES	----	----	<i>10 minutes</i>	<i>Dr. Danilo Farrales</i>
<b>H.</b> NON COMMUNICABLE DISEASE RISK ASSESSMENT	----	Risk Assessment Form	<i>5 minutes</i>	<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>
<b>I.</b> SANITATION -WATER REFILLING INSPECTION -SCHOOL CANTEEN INSPECTION -FOOD ESTABLISHMENT INSPECTION	----	----	<i>10 minutes</i>	<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot</i>

**A. MATERNAL AND CHILD HEALTH CARE**

**1. PRENATAL CARE**

**Who May Avail of the Service:**

- *Pregnant Women*

**What are the Requirements:**

- *N/A*

**Duration:** *10 minutes*

**How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Register and secure a Home Based Maternal Record	Issue HBMR Card to the client	3 minutes	<i>Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>	----	----
2	Proceed to weighing and taking vital signs	Take the vital signs and weight of the client and record it to the HBMR Card	2 minutes	<i>Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>	----	----

3	Wait for the issuance of Ferrous Sulfate and receive the Tetanus Toxoid Vaccine	Issue Ferrous Sulfate and administer Tetanus Toxoid vaccine	3 minutes	<i>Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>	----	----
4	Fill up Birth Emergency Plan and comply with the schedule of follow up consultation	Assist the client in filling up the Birth Emergency Plan and advise the client with the schedule of her follow up consultation	2 minutes	<i>Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>	----	----

## 2. POST NATAL CARE/IMMUNIZATION SERVICES

### Who May Avail of the Service:

- Newly Gave Birth Women

### What are the Requirements:

- N/A

**Duration:** 10 minutes

### How to Avail the Service:

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Register and secure Immunization Card (new clients)  Present immunization card (old clients)	Issue Immunization card (new clients)  Review immunization history of the child (old clients)	3 minutes	Gloria Hidalgo Elizabeth Nepacina Josephine Finuliar Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar	----	----
2	Proceed to weighing and taking of temperature of the child	Take the temperature and weight of the child and record it	2 minutes	Gloria Hidalgo Elizabeth Nepacina Josephine Finuliar Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar	----	----
3	Hold and get the child ready for vaccination	Administer vaccines through oral/injection	3 minutes	Gloria Hidalgo Elizabeth Nepacina Josephine Finuliar Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar	----	----
4	Take note of the next immunization schedule	Advise the mother/guardian of the next immunization schedule	2 minutes	Gloria Hidalgo Elizabeth Nepacina Josephine Finuliar Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar	----	----

## B. DIRECT OBSERVE TREATMENT SHORT COURSE

### **Who May Avail of the Service:**

- *Residents of Manaoag, Pangasinan*

### **What are the Requirements:**

- *Identification Card*

**Duration:** 10 minutes

### **How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Register and submit sputum for examination	Conduct Sputum examination	5 minutes	<i>Ellaine Cordova</i>		
2	Wait for the result	Review and confirm results	2 minutes	<i>Dr. Raymund Veloria</i>		
3	Receive results and take doctor's advice	Give doctor's recommendation based on the results of the examination and give prescription (if needed)	3 minutes	<i>Dr. Raymund Veloria</i>		

## C. PRE MARRIAGE COUNSELING

### **Who May Avail of the Service:**

- *Couples applying for marriage license*

### **What are the Requirements:**

- *Duly accomplished Pre Marriage Counseling Form*

**Duration:** 3 hours and 12 minutes

### **How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Proceed to Municipal Health Office	Provide forms and instructions	5 minutes	Alicia Tulioc		PMC Form
2	Fill up and submit form	Receive form	5 minutes	Alicia Tulioc		
3	Attend PMC Session	Facilitate PMC Session	3 hours	Alicia Tulioc		
4	Receive PMC Certificate	Issue PMC Certificate	2 minutes	Alicia Tulioc		

#### **D. OUTPATIENT CONSULTATION**

##### **Who May Avail of the Service:**

- Residents of Manaoag, Pangasinan

##### **What are the Requirements:**

##### **Duration:**

##### **How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Proceed to the Municipal Health Office	Conduct Intake interview, take vital signs and prepare individual treatment record for referral to the Municipal Health Officer	3 minutes	Marianne Jimenez Jackielyn Tabot Gloria Hidalgo Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun		Individual Treatment Record

2	Proceed to the Municipal Health Officer	Examines the patient, prescribe necessary medicines, give instructions in taking the medicines and give schedule for follow up consultation	Depends on the time consumed by the MHO and the client/s	<i>Dr. Raymund Veloria</i>		
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## E. PROVISION OF LABORATORY EXAMINATION

### **Who May Avail of the Service:**

- *Residents of Manaoag, Pangasinan*

### **What are the Requirements:**

- *Laboratory Request Slip*

### **Duration:**

### **How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Proceed to the Municipal Health Office and present the Laboratory Request Slip	Receive the request slip and identify the laboratory exam to be conducted	5 minutes	<i>Elaine Cordova</i>		<i>Laboratory Request Slip</i>
2	Proceed to the Medical Technologist	receive specimen, extract blood sample	10 minutes	Elaine Cordova		
3	Wait for the result	Conduct examination				
4	Receive the result.	Release and interpret the result and give necessary instructions regarding the result of the laboratory test	5 minutes			



## F. ISSUANCE OF HEALTH/MEDICAL CERTIFICATE

### Who May Avail of the Service:

- Residents of Manaoag, Pangasinan

### What are the Requirements:

### Duration:

### How to Avail the Service:

STEP	Applicant/Client (What To Do)	Service Provider (What To Do)	Duration of Activity (Time To Wait)	Person In Charge	Fees	Form
1	Proceed to the municipal health office	Interview the client regarding the purpose of the medical certificate, take vital signs and refer to the Medical Technologist	15 minutes	Marianne Jimenez Jackielyn Tabot Gloria Hidalgo Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun		
2	Present the result to the Municipal Health Officer	Examine the result	10 minutes	Dr. Raymund Veloria		
3	Wait for the Medical Certificate	Prepare and sign the medical certificate	5 minutes	Dr. Raymund Veloria		
4	Receive the medical certificate	Release the medical certificate	2 minutes	Dr. Raymund Veloria		

## G. PROVISION OF DENTAL SERVICES

### Who May Avail of the Service:

- Residents of Manaoag, Pangasinan

### What are the Requirements:

### Duration:

### How to Avail the Service:

STEP	Applicant/Client (What To Do)	Service Provider (What To Do)	Duration of Activity (Time To Wait)	Person In Charge	Fees	Form
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1	Proceed to the Municipal Health Office	Conduct Intake interview, take vital signs and prepare individual treatment record	5 minutes	<i>Dr. Danilo Farrales</i>		
2	Present self for examination	Examine/extract the tooth	Depends on the time consumed	<i>Dr. Danilo Farrales</i>		
3	Receive prescription and instructions	Give prescriptions and instructions.	3 minutes			

## H. NON-COMMUNICABLE DISEASE RISK ASSESSMENT

### **Who May Avail of the Service:**

- *Residents of Manaoag, Pangasinan*

### **What are the Requirements:**

### **Duration:**

### **How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Proceed to Municipal Health Office	Register client for HPN and DM Masterlisting	5 minutes	<i>Marianne Jimenez Josephine Finuliar Gloria Hidalgo Elizabeth Nepacina Emma Mendoza Remedios Eulalio Remedios Barcena Alma Galario Ellen Joyce Finuliar Bonnie Reyes Kichelle Beato Rubelyn De Vera Glenn Bautista Maria Cristina Padilla Jannette Repollo Michelle Narvasa Sheila Corpuz Delia Sagun</i>		
2	Present self for assessment	Assess BP, weight, waist circumference and RBS Test Result		-do-		
3	Answer queries on the interview phase	Interview client for past medical history and family history	10 minutes			

4	Receive instructions from the in charge	Referral of client for further evaluation	5 minutes			
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**J. SANITATION**

- WATER REFILLING INSPECTION
- SCHOOL CANTEEN INSPECTION
- FOOD ESTABLISHMENT INSPECTION

**Who May Avail of the Service:**

**What are the Requirements:**

**Duration:**

**How to Avail the Service:**

<b>STEP</b>	<b>Applicant/Client (What To Do)</b>	<b>Service Provider (What To Do)</b>	<b>Duration of Activity (Time To Wait)</b>	<b>Person In Charge</b>	<b>Fees</b>	<b>Form</b>
1	Proceed to the Municipal Health Office	Instruct client on the needed documents depending on the nature of business	5 minutes	<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot</i>		
2	Submit necessary documents	Receive documents for inspection.  Proceed to inspection.		<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot</i>		
3	Wait while the sanitary permit is being prepared by the person in-charge	Prepare sanitary permit		<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot</i>		
4	Receive the sanitary permit	Release the sanitary permit	5 minutes	<i>Dr. Raymund Veloria Marianne Jimenez Jackielyn Tabot</i>		