

## CITY HEALTH DEPARTMENT

### VISION

Health for all citizenry of Caloocan City by the year 2001 and health in the hands of the people by 2020.

### MISSION

To provide accessible, available, affordable and acceptable quality basic Health Care Delivery System at all times, through advance technology and fully equipped health facilities, manned by dedicated, competent and well - compensated manpower.

FRONTLINE SERVICE	ISSUANCE OF MEDICAL CERTIFICATE										
STEP 1	Clients present original copies of requirements and test results to the Admitting Section.										
REQUIRED DOCUMENT/S	<table border="0"> <tr> <td>For government employees:</td> <td>For walk-in clients:</td> </tr> <tr> <td>1. CBC</td> <td>1. Chest X-ray (6 months)</td> </tr> <tr> <td>2. Urinalysis</td> <td>2. Urinalysis (1 month)</td> </tr> <tr> <td>3. Chest X-ray</td> <td>3. Fecalalysis (1 month)</td> </tr> <tr> <td>4. Drug Test</td> <td></td> </tr> </table>	For government employees:	For walk-in clients:	1. CBC	1. Chest X-ray (6 months)	2. Urinalysis	2. Urinalysis (1 month)	3. Chest X-ray	3. Fecalalysis (1 month)	4. Drug Test	
For government employees:	For walk-in clients:										
1. CBC	1. Chest X-ray (6 months)										
2. Urinalysis	2. Urinalysis (1 month)										
3. Chest X-ray	3. Fecalalysis (1 month)										
4. Drug Test											
STEP 2	Receive original copies of requirements and test results.										
SERVICE PROVIDER/S	- JOSE RAMON G. SESE, RN                      - ADELIA B. MANZANO, RM										
TIME FRAME	1 minute										
STEP 3	Issue Order of Payment.										
SERVICE PROVIDER/S	- JOSE RAMON G. SESE, RN                      - ADELIA B. MANZANO, RM										
TIME FRAME	1 minute										
STEP 4	Conduct physical examination, diagnostic and treatment.										
SERVICE PROVIDER/S	PHYSICIAN ON DUTY										
TIME FRAME	3 minutes										
STEP 5	Pay the required amount of fees.										
SERVICE PROVIDER/S	CASHIER, CITY TREASURER'S OFFICE (WINDOWS 17 TO 25)										
TIME FRAME	10 minutes										
REQUIRED FEES	PhP 50.00										
STEP 6	Encode Medical Certificate.										
SERVICE PROVIDER/S	LOREN B. LAVIN										
TIME FRAME	2 minutes										
STEP 7	Release Health Certificate.										
SERVICE PROVIDER/S	- ADELIA B. MANZANO, RM                      - LOREN B. LAVIN										
TIME FRAME	1 minute										

FRONTLINE SERVICE	LABORATORY
STEP 1A	Receive specimen referred by the Employee's Clinic, health centers, government/ private hospitals and private practitioners.
STEP 1B	Issue order of payment.
SERVICE PROVIDER/S	- MARICRIS C. NAME, RMT - GERARD GUILLER SANTOS, RMT
TIME FRAME	2 minutes
STEP 2	Pay fees based on the laboratory test requested.
SERVICE PROVIDER/S	CASHIER, CITY TREASURER'S OFFICE (WINDOWS 17 TO 25)
TIME FRAME	Dependent on the queuing
REQUIRED FEES	Urine - PhP 30.00 Stool - PhP 30.00 CBC/ Blood - PhP 60.00 Sputum Examination - Free Rapid Dengue Test - Free
STEP 3	Examine urine, stool, CBC \ blood, sputum and Rapid Dengue Test (RDT).
SERVICE PROVIDER/S	- MARICRIS C. NAME, RMT - GERARD GUILLER SANTOS, RMT
TIME FRAME	Urine/ Stool - 1 hour CBC/ Blood - 1 to 2 hours Sputum Examination - after 3 days Rapid Dengue Test - 1 hour
STEP 4	Report and record results.
SERVICE PROVIDER/S	- MARICRIS C. NAME, RMT - GERARD GUILLER SANTOS, RMT
TIME FRAME	2 minutes
STEP 5	Issue laboratory results.
SERVICE PROVIDER/S	- MARICRIS C. NAME, RMT - GERARD GUILLER SANTOS, RMT
TIME FRAME	1 minute

FRONTLINE SERVICE	ISSUANCE OF SANITARY PERMIT
STEP 1	Clients present requirements to the Receiving Counter.
STEP 2	Receive requirements.
SERVICE PROVIDER/S	OFFICER-OF-THE-DAY: Monday - RUTH D. ESPLANA Tuesday - DEBBIE L. SARREAL Wednesday - BERNADETTE T. SAMSON Thursday - JOHN PAUL G. FERMIN Friday - MANASSEH DR. DELA CRUZ, JR. Relievers - RONALDO J. DELA CRUZ - ENRICO N. CACNIO
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	1. Fully accomplished Application Form with corresponding Statement of Account 2. Official Receipt of Payment based on the assessment as indicated in the Revenue Code (City Treasurer's Office) 3. Temporary Sanitary Permit 4. Health Certificate of Personnel 5. Other requirements depending on the kind of business (given 15 days to comply)
STEP 3	Process Sanitary Permit.
SERVICE PROVIDER/S	LOLITA P. CORPUZ
TIME FRAME	5 minutes

<b>STEP 4</b>	Sign Sanitary Permit by the City Health Officer.
<b>SERVICE PROVIDER/S</b>	MAYBELLE P. SISON, MD, FMTP
<b>TIME FRAME</b>	5 minutes

<b>FRONTLINE SERVICE</b>	<b>ISSUANCE OF SANITARY PERMIT (cont.)</b>
<b>STEP 5</b>	Release Sanitary Permit.
<b>SERVICE PROVIDER/S</b>	OFFICER-OF-THE-DAY
<b>TIME FRAME</b>	2 minutes
<b>REQUIRED FEES</b>	None



<b>FRONTLINE SERVICE</b>	<b>ISSUANCE OF HEALTH CERTIFICATE</b>
<b>STEP 1</b>	Clients submit requirements to the Receiving Counter.
<b>STEP 2</b>	Receive requirements.
<b>SERVICE PROVIDER/S</b>	- MODESTO G. SAPLAN - LEVI N. FRANCISCO
<b>TIME FRAME</b>	1 minute
<b>REQUIRED DOCUMENT/S</b>	1. 1 x 1 Picture (white background with nameplate) 2. Medical Certificate released by Employee's Clinic
<b>REQUIRED FEES</b>	Seminar Fee for Food Handlers - PhP 20.00 Health Certificate - PhP 100.00
<b>STEP 3</b>	Issue Order of Payment.
<b>SERVICE PROVIDER/S</b>	- MODESTO G. SAPLAN - LEVI N. FRANCISCO
<b>TIME FRAME</b>	30 seconds
<b>STEP 4A</b>	Process Health Certificate.
<b>STEP 4B</b>	Conduct Food Handlers' Seminar.
<b>SERVICE PROVIDER/S</b>	<b>OFFICER-OF-THE-DAY:</b>
	Monday - RUTH D. ESPLANA
	Tuesday - DEBBIE L. SARREAL
	Wednesday - BERNADETTE T. SAMSON
	Thursday - JOHN PAUL G. FERMIN
	Friday - MANASSEH DR. DELA CRUZ, JR.
Relievers - RONALDO J. DELA CRUZ ENRICO N. CACNIO	
<b>TIME FRAME</b>	Food Handlers' Seminar - 25 minutes Health Certificate - 3 minutes
<b>STEP 5</b>	Sign Health Certificate and Food Handler's Certificate by the City Health Officer.
<b>SERVICE PROVIDER/S</b>	MAYBELLE P. SISON, MD, FMTP
<b>TIME FRAME</b>	5 minutes

<b>STEP 6</b>	Release Health Certificate and Food Handler's Certificate.
<b>SERVICE PROVIDER/S</b>	OFFICER-OF-THE-DAY
<b>TIME FRAME</b>	2 minutes

<b>FRONTLINE SERVICE</b>	<b>CEMETERY SERVICES</b>
<b>STEP 1</b>	Present requirements at the Receiving Counter.
<b>STEP 2</b>	Receive requirements.
<b>SERVICE PROVIDER/S</b>	GILDRED L. ALENTAJAN
<b>TIME FRAME</b>	1 minute
<b>STEP 3</b>	Issue Order of Payment.
<b>SERVICE PROVIDER/S</b>	GILDRED L. ALENTAJAN
<b>TIME FRAME</b>	1 minute
<b>STEP 4</b>	Pay required amount of fees.
<b>SERVICE PROVIDER/S</b>	CASHIER, CITY TREASURER'S OFFICE (WINDOWS 17 TO 25)
<b>TIME FRAME</b>	2 minutes
<b>REQUIRED FEES</b>	Depends on the service needed: <ul style="list-style-type: none"> <li>– PhP 20.00</li> <li>– PhP 100.00</li> <li>– PhP 7.50</li> <li>– PhP 500.00</li> <li>– PhP 30.00</li> <li>– PhP 100.00</li> <li>– PhP 200.00</li> <li>– PhP 4.50</li> </ul>
<b>STEP 5</b>	Sign permit by the City Health Officer.
<b>SERVICE PROVIDER/S</b>	MAYBELLE P. SISON, MD, FMTP
<b>TIME FRAME</b>	1 minute
<b>STEP 6</b>	Release permit.
<b>SERVICE PROVIDER/S</b>	GILDRED L. ALENTAJAN
<b>TIME FRAME</b>	3 minutes

**Accomplish the Feedback Form available in the office and drop in the designated Comment and Suggestion Box located at the Front Desk or send queries through any of the following form of correspondence:**

**Email Address:** *caloocan\_healthdept@yahoo.com*

**Telephone Numbers:** (02) 336 – 5695  
(02) 288 – 8811 loc. 2279/ 2280/ 2282/ 2283/ 2284/ 2288