



**CITY HEALTH DEPARTMENT
OLONGAPO CITY**

**CITIZEN'S CHARTER
2023 (3rd Edition)**



I. Mandate:

Promotion, Protection, Preservation of Health and Sanitation

II. Vision:

A competent, proactive department that renders excellent service to a healthy community.

III. Mission:

To ensure efficient delivery of quality basic and expanded health services to the people of Olongapo prioritizing the disadvantaged and marginalized.

IV. Service Pledge:

We, the officers and employees of the City Health Department, pledge to commit ourselves to provide quality public service and work for the best interest of the patients / clients we serve.

We commit to update our technical knowledge thru trainings for the improvement of our service and capability.



LIST OF SERVICES

City Health Office

External Services

1. Issuance of Health Certificate / Health Card
2. Outpatient Sexually Transmitted Infections and Consultation
3. Regular Vaginal (Female) and Urethral (Male) Smear
4. Animal Bite, Treatment and Immunization
5. Dental Services
6. Issuance of Sanitary Permit

Feedback and Complaints Mechanism



**City Health Department
External Services**



1. Issuance of Health Certificate / Health Card

Health Card / Health Card is being issued to a person after medical and laboratory examinations have been rendered.

Office or Division	Reproductive Health and Wellness Center
Classification	
Type of Transaction	G2C – Government to Citizen
Who May Avail	All health certificate applicants, walk-ins, employed or seeking employment in any establishment operated for commercial purposes may avail of this service.
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
<ol style="list-style-type: none"> 1. Proof of Age Birth Certificate - PSA / LCR Copy, for female If married, marriage Certificate –PSA / LCR Copy 2. DOLE Certification for health card applicants below 18 years old 3. Present any of the following Valid IDs: <ol style="list-style-type: none"> a. Primary ID <ol style="list-style-type: none"> i. Voter's ID / Voter's Registration Certificate ii. National ID iii. Driver's License iv. PRC ID v. Passport vi. SSS / GSIS UMID ID vii. Senior's Citizen ID viii. Solo-parent ID b. Secondary ID <ol style="list-style-type: none"> i. Philhealth ID ii. NBI Clearance iii. Police Clearance iv. Barangay Clearance v. Postal ID c. Tertiary ID (for approval) <ol style="list-style-type: none"> i. 2pcs School IDs High School or College ID ii. Birth Certificate of the child PSA / LCR Copy 4. Two (2) recent 1x1 photo with white 	<p>LCR / PSA</p> <p>DOLE</p> <p>Issuing Government Offices / School</p> <p>Any photo studio</p>



background	JLGMH or any licensed x-ray facility
5. Latest Chest X-ray Result	City Health Office
6. Valid STI/HIV/AIDS Orientation Certificate	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Table Number 1 or 2 for submission of requirements and record.	<p>1.1. Receive the application requirements and record</p> <p>1.2. Evaluate documents and assess fees based on work classification (food handler, non-food handler and entertainer).</p> <p>1.3. Schedule for STI/HIV/AIDS Orientation Seminar.</p>	None	3-5 minutes	<i>Admin Aide</i>
2. Pay to Cashier (Treasury Department)	Receive payment and issue official receipt	<ul style="list-style-type: none"> ➤ STI/HIV/AIDS Orientation Seminar – Php 50.00 ➤ Physical Exam – Php 50.00 ➤ HBsAg Test – Php 250.00 ➤ HAV Igm Test – Php 250.00 ➤ RPR Test – PHP150.00 ➤ Health Card – PHP100.00 	2-3 minutes	<i>Cashier</i>
3. Proceed to	3.1. Conduct	None	1 hour and 45	<i>Medical</i>



Conference Room	STI and HIV/AIDS Orientation Seminar / Filling-out of PhilHealth form, Reach form and Evaluation / Feedback form. 3.2. Issuance of orientation certificate.		minutes – 2 hours	<i>Technologist / Physician / Nurse</i>
4. Proceed to Table Number 3 and present receipt and orientation certificate	Filling - out of physical examination form and health card	None	3-5 minutes	<i>Admin Staff</i>
5. Proceed to Room 9	Take Vital Signs	None	5-7 minutes	<i>Nurse / Midwife</i>
6. Proceed to Room 7 or 8	Perform physical examination	None	5-7 minutes	<i>Physician</i>
7. Proceed to Dental Health Service Extension	Perform Oral Exam, Assess Dental Health Status	None	5-7 minutes	<i>Dentist on Duty</i>
8. Proceed to Room 11	8.1. Collect Specimen for laboratory testing	None	3-5 minutes	<i>Medical Technologist</i>
	8.2. Conduct of laboratory processing of samples collected	None	1 hour and 30 minutes - 2 hours	
9. Smear Sample Collection				
9.1 Proceed to Room	Conduct vaginal smear	None	3-5 minutes	<i>Midwife</i>



11 (female entertainers)				
9.2 Proceed to Room 3 (male entertainers)	Conduct urethral smear	None	3-5 minutes	<i>Nursing Attendant</i>
	Conduct of smear microscopy	None	30 minutes – 1 hour	
10. In the afternoon: Proceed to Information Desk	Health Card Releasing	None	3-5 minutes	<i>Admin Staff</i>
	TOTAL	Based on work classification	4 hours and 20 minutes – 5 hours and 50 minutes	

2. Outpatient Sexually Transmitted Infections Consultation

A consultation, diagnosis and treatment of sexually transmitted infections among outpatient in the Reproductive Health and Wellness Center.

Office or Division	Reproductive Health and Wellness Center			
Classification				
Type of Transaction	G2C – Government to Citizen			
Who May Avail	Any patient who would like to seek consultation, be diagnosed and be treated for sexually transmitted infections.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not applicable		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Room 9	Assess and record complaints and take vital signs of patient / pre-	None	15-30 minutes	<i>Nurse</i>



	test counseling			
2. Proceed to Room 7 or 8	Examine patient and prescribe necessary laboratory procedures	None	7-10 minutes	<i>Physician</i>
3. Pay to Cashier	Receive payment and issue receipt	Smear Package: PHP. 100.00 (Includes Gram Stain, Wet Smear, KOH) Individual test: ➤ Gram Stain with bacterial vaginosis test – Php 50.00 ➤ Wet Smear – Php 50.00 ➤ KOH – Php 50.00 ➤ HBsAg - Php 250.00 ➤ RPR – Php 150.00 ➤ HIV Counselling and Testing (Free)	3-5 minutes	<i>Cashier</i>
4. Proceed to Room 11 for vaginal smear / Proceed to Room 3 for urethral smear for males (if needed)	Conduct vaginal smear for women / urethral smear for men	None	3-5 minutes	<i>Midwife / Nursing Attendant</i>
5. Proceed to Room 11 for	5.1. Extract Blood samples	None	5-7 minutes	<i>Medical Technologist</i>



laboratory requirements	5.2. Laboratory testing and issuance of result		2 hours	
6. Claim laboratory test result from Room 9	Issuance of laboratory result / posttest counseling	None	15-30 minutes	<i>Nurse / Midwife</i>
7. Proceed to Room 7 or 8 for interpretation of laboratory results	Evaluate laboratory results and prescribe appropriate medication	None	5-7 minutes	<i>Physician</i>
8. Proceed to Room 9	Administer / give available free medicines. Advise patient to return for follow up 72 hours after treatment (as needed)	None	30 minutes - 1 hour	<i>Nurse</i>
	TOTAL	Based on availed service	3 hours and 30 minutes – 4 hours and 35 minutes	

3. Regular Vaginal (Female) and Urethral (Male) Smear

A smear is a type of examination, where a doctor collects a small amount of material from the mucosal surface. Smear test is most often used in urology for men and in gynecology for women. Smear examination for culture helps check for the presence of disease-causing bacteria and cancerous cells, and in some cases to evaluate the endocrine profile and the overall condition of the tissue.

Office or Division	Reproductive Health and Wellness Center
Classification	
Type of Transaction	G2C – Government to Citizen
Who May Avail	Any person, including entertainment establishment workers



		needing diagnostic test for sexually transmitted infections (STI).		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Health Card / Smear Card		City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get laboratory request at Table Number 7 and assessment form	Retrieves Smear Record and accomplish laboratory request	None	3-5 minutes	<i>Admin Staff</i>
2. Pay Smear Fee	Receive Payment and Issue Official Receipt	On Schedule – Php 50.00 Not on Schedule – Php 100.00	3-5 minutes	<i>Cashier</i>
3.1 Proceed to Room 11 (Female)	Conduct Vaginal Smear and Forward specimen to laboratory	None	3-3 minutes	<i>Midwife</i>
3.2 Proceed to Room 3 (Male)	Conduct Urethral Smear and forward specimen to laboratory	None	3-5 minutes	<i>Nursing Attendant</i>
	Conduct of examination of smear	None	30 minutes – 1 hour	<i>Medical Technologist</i>
	TOTAL	Php 50.00 to Php 100.00	42 minutes – 1 hour and 20 minutes	

4. Animal Bite Treatment and Immunization



Assess wounds caused by animal bites, prescribe medicines and administer rabies immunization to prevent human rabies.

Office or Division	Animal Bite and Treatment Center			
Classification				
Type of Transaction	G2C – Government to Citizen			
Who May Avail	Any resident of Olongapo or nearby city or municipality may avail of this service.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Immunization Card of the biting animal, if any			Client	
2. Anti-Rabies vaccine for Human			Animal Bite and Treatment Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Animal Bite Center, 2 nd Floor, City Health Office	Register and assess animal bite	None	3-5 minutes	<i>Rabies Control Coordinator</i>
2. Receive treatment and vaccination	2.1 Apply treatment and administer vaccine to patient 2.2 For Category 3 cases, a 30-40 time for each patient is needed to infiltrate RIG around their bite wound 2.3 Purified Equine Rabies Immune	Anti-Rabies Vaccine (ARV) bought by LGU: Php 400/shot (ARV provided by DOH are fee). Vaccine is free depending on the availability. RIG is free if available. If not, client may buy from	5-7 minutes 30-40 minutes depending on the severity of the bite	<i>Rabies Control Coordinator</i>



	Globulin (pERIG)	outside pharmacy.		
	TOTAL	Depending on the availed service	Depending on the severity of the bite	

5. Dental Services

Good dental or oral care is important to maintaining healthy teeth, gums and tongue. Oral problems, including bad breath, dry mouth, canker or cold sores. TMD, tooth decay, or thrushes are all treatable with proper diagnosis and care.

Office or Division	Dental Services
Classification	
Type of Transaction	G2C – Government to Citizen
Who May Avail	Any resident of Olongapo or nearby city or municipality who wishes to avail dental services may avail of this service.

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTIONS	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Dental Health Services Extension	Register Patient	None	2-3 minutes	<i>Dental Aide on Duty</i>
	Conduct Oral Exam	None	5-7 minutes	<i>Dentist on Duty</i>
2. Pay to Cashier	Receive payment and issue an official receipt	<ul style="list-style-type: none"> ➤ Tooth Extraction – Php 200.00 ➤ Oral Prophylaxis – Php 300.00 ➤ Temporary Tooth Filling – Php 250.00 	3-5 minutes	<i>Cashier</i>



		➤ Permanent Tooth Filling – Php 350.00		
3. Receive treatment	Conduct Necessary Dental Service		Depending on the severity of dental problem	<i>Dentist on Duty</i>
	TOTAL	Depending on services availed	Depending on the severity of dental problem	

6. Issuance of Sanitary Permit

Sanitary Permit is a requirement to all business establishments upon application of business permit. This is to ensure that all businesses in the city conform with the Sanitation Code of the Philippines.

Office or Division	Sanitation
Classification	Simple
Type of Transaction	G2C – Government to Citizen
Who May Avail	Any resident or business owner in Olongapo City who wish to apply for business permit may avail of this service.

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Assessment Form		BPLO		
Official Receipt		Treasury Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Room 6	Receive and register data of client and establishment for inspection.	None	2-3 minutes	<i>Sanitary Inspection</i>
	Conduct inspection on site of establishment	None	15-30 minutes	<i>Sanitary Inspector</i>
	Prepare reports and recommendations based on inspection	None	3-5 minutes	<i>Sanitary Inspector</i>
2. Proceed to	Release	None	3-5 minutes	<i>Admin Staff</i>



Information Desk	Sanitary Permit			
	TOTAL	None	23 minutes - 43 minutes	



FEEDBACK AND COMPLAINTS MECHANISM



How to send feedback	Client can fill out the survey form and drop at the Suggestion box located at the information table in front of the city health office. Clients may also write a feedback letter and submit it to the Receiving Desk of the City Health Office
How feedbacks are processed	<p>Suggestion box is being monitored and opened daily by the Administrative Officer V.</p> <p>Feedback requiring answers are forwarded to the City Health Officer and discussed to the concerned individuals.</p> <p>The answer is then relayed to the citizen.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 611-8414 or email at olongapochd@gmail.com or ochdept@yahoo.com</p>
How to file a complaint	To file a complaint, a client can use and fill out the survey form then drop it at the Suggestion box located at the information table in front of the city health office. Clients may also write a formal complaint letter and submit it to the Receiving Desk of the City Health Office.
How complaints are processed	<p>The Administrative Officer V opens the Suggestion Drop Box on a daily basis and evaluates each complaint. Both complains from the Suggestion Box and Formal Complaint Letters submitted to the Receiving Desk undergoes evaluation, the Administrative Officer V shall start the investigation and forward the complaint to the City Health Officer.</p> <p>The Head of Agency will decide on the final action to be taken about the complaint.</p> <p>The Administrative Officer V will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: (047) 611-8414 or email at olongapochd@q.ail.com or ochdept@yahoo.com.</p>
Contact Information of CCB,	ARTA: complaints@arta.gov.ph 1 ARTA (2782)