



# **OFFICE OF THE CITY HEALTH OFFICER**

## **External Services**



## 1. ISSUANCE OF HEALTH CERTIFICATE/ID

The Health Certificate/ID is issued to individuals applying for employment to either food/non-food establishments to ensure safety of the population availing their services.

|  |  |   |                        |  |
|--|--|---|------------------------|--|
| <b>Office or Division:</b>   | Office of the City Health Officer                                      |   |                        |  |
| <b>Classification:</b>   | Simple   |   |                        |  |
| <b>Type of Transaction:</b>  | G2C- Government to Citizen, G2B- Government to Business Entity         |   |                        |  |
| <b>Who may avail:</b>  | General Public (Applying for Employment)                               |   |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>                                   |  | <b>WHERE TO SECURE</b>                                |                        |  |
| 1. Community Tax Certificate (Cedula)<br>- 1 original copy         |  | Barangay Hall or City Treasurer's Office              |                        |  |
| 2. 1x1 Picture - 2 pcs., short haircut for male                    |  | To be provided by the client                          |                        |  |
| 3. Chest X Ray Result – 1 original copy and 1 photocopy            |  | Department of Health Accredited Laboratory Clinic     |                        |  |
| 4. Urinalysis Laboratory Result – 1 original copy and 1 photocopy  |  | Department of Health Accredited Laboratory Clinic     |                        |  |
| 5. Fecalalysis Laboratory Result - 1 original copy and 1 photocopy |  | Department of Health Accredited Laboratory Clinic     |                        |  |
| Additional requirement for Food Establishment Workers:             |  |   |                        |  |
| 1. Hepatitis B Screening Result - 1 original copy and 1 photocopy  |  | Department of Health Accredited Laboratory Clinic     |                        |  |
| Additional requirement for Entertainment Establishment Workers:    |  |   |                        |  |
| 1. HIV Counseling Certificate - 1 original copy                    |  | Home of Bamboo, Pandayan, City of Meycauayan, Bulacan |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTIONS</b>  | <b>FEES TO BE PAID</b>                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Submit complete requirements.                                   | 1.1 Review documents, record in the logbook and issue order of payment | None  | 2 minutes              | Wilson C. Rodriguez<br>Sanitation Inspector<br><br>Reyson L. Pila<br>Sanitation Inspector<br><br>Jehssa-Mae S. Cadurna<br>Ma. Elizabeth E. Bautista<br>Sanitation Inspector<br>Office of the City Health Officer |



|   |                                   |                 |                   |   |
|---|-----------------------------------|-----------------|-------------------|---|
| 2. Proceed to the Cashier Window at the City Treasurer's Office, 1 <sup>st</sup> Floor and present the order of payment | 2.1 Issue Official Receipt.       | P 150.00        | 14 minutes        | Dominica I. Lagpao<br>Administrative Aide I<br>Michelle A. Lanozo<br>Senior Admin. Asst. I<br>Ethel B. Zuñiga<br>Administrative Asst. V<br>Rose M. Nito<br>Ticket Checker<br><br>Office of the City Treasurer |
| 3. Return to City Health Office, 5 <sup>th</sup> Floor and present Official Receipt                                     | 3.1 Prepare Health Certificate/ID | None            | 5 minutes         | Wilson C. Rodriguez<br>Sanitation Inspector<br>Reyson L. Pila<br>Sanitation Inspector<br>Jehssa-Mae S. Cadurna<br>Ma. Elizabeth E. Bautista<br>Sanitation Inspector<br>Office of the City Health Officer      |
| 4. Receive Health Certificate/ID  | 4.1 Release Health Certificate/ID | None            | 1 minute          |   |
| <b>TOTAL</b>  |                                   | <b>P 150.00</b> | <b>22 minutes</b> |   |

## 2. ISSUANCE OF SANITARY PERMIT (BUSINESS ESTABLISHMENT)

The Sanitary Permit is issued to Business Establishment applying for New and Renewal of Business to ensure safety of their employees and population availing their services.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| <b>Office or Division:</b>              | Office of the City Health Officer  |   |                        |   |
| <b>Classification:</b>                  | Simple   |   |                        |   |
| <b>Type of Transaction:</b>             | G2C- Government to Citizen, G2B- Government to Business Entity             |   |                        |   |
| <b>Who may avail:</b>                   | General Public (Applicants for New and Renewal of Business)                |   |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>        |  | <b>WHERE TO SECURE</b>                    |                        |   |
| 1. Application Form                     |  | City Business Permit and Licensing Office |                        |   |
| 2. Sanitary Permit Fee Official Receipt |  | City Treasurer's Office                   |                        |   |
| <b>CLIENT STEPS</b>                     | <b>AGENCY ACTIONS</b>  | <b>FEES TO BE PAID</b>                    | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit complete requirements.        | 1.1 Review submitted documents, record to logbook and inform the client of | None                                      | 10 minutes             | Wilson C. Rodriguez<br>Sanitation Inspector<br>Reyson L. Pila<br>Sanitation Inspector |



|   |   |                 |                                 |  |
|---|---|-----------------|---------------------------------|--|
|   | the schedule of inspection  |                 |                                 | Office of the City Health Officer  |
| 2. Assist in the inspection on the scheduled date | 2.1 Conduct inspection and inform the client on the release date of sanitary permit | None            | 4 hours                         | Wilson C. Rodriguez<br>Sanitation Inspector<br>Reyson L. Pila<br>Sanitation Inspector<br>Jehssa-Mae S. Cadurna<br>Ma. Elizabeth E. Bautista<br>Sanitation Inspector<br>Office of the City Health Officer |
| 3. Receive Sanitary Permit on the scheduled date  | 3.1 Release Sanitary Permit   | None            | 1 minute                        |  |
|   | <b>TOTAL</b>  | <b>P 500.00</b> | <b>4 hours &amp; 11 minutes</b> |  |

### 3. ISSUANCE OF EXHUMATION PERMIT // TRANSFER PERMIT (DEAD PERSON) / BURIAL PERMIT (DEAD PERSON) / CREMATION PERMIT (DEAD PERSON)

The Exhumation Permit is issued to the Immediate Family Member of the deceased.

|  |  |   |                        |                           |
|--|--|---|------------------------|---------------------------|
| <b>Office or Division:</b>   | Office of the City Health Officer                  |   |                        |                           |
| <b>Classification:</b>   | Simple   |   |                        |                           |
| <b>Type of Transaction:</b>  | G2C- Government to Citizen,                        |   |                        |                           |
| <b>Who may avail:</b>  | Immediate Family Member/ Relatives of the Deceased |   |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>  |                        |                           |
| 1. Death Certificate of the Deceased<br>(1 Original and 1 Photocopy)   |  | City Civil Registrar's Office   |                        |                           |
| 2. Valid government issued ID of the requestee – 1 photocopy <ul style="list-style-type: none"> <li>• SSS UMID Card</li> <li>• GSIS UMID Card</li> <li>• PRC License</li> <li>• Driver's License</li> <li>• PWD ID</li> <li>• Senior Citizen ID</li> </ul> |  | Social Security System<br>Government Service Insurance System<br>Professional Regulatory Commission<br>Land Transportation Office<br>City Social Welfare and Development Office<br>City Social Welfare and Development Office |                        |                           |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTIONS</b>                              | <b>FEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |



|   |   |  |                   |  |
|---|---|--|-------------------|--|
| 1. Submit complete requirements.  | 1.1 Review documents, record and issue order of payment | None   | 2 minutes         | Wilson C. Rodriguez<br>Sanitation Inspector<br>Reyson L. Pila<br>Sanitation Inspector<br>Office of the City<br>Health Officer  |
| 2. Proceed to the Cashier Window at the City Treasurer's Office, 1 <sup>st</sup> Floor and present the order of payment | 2.1 Issue Official Receipt.                             | P 50.00<br>(Exhumation / Burial Permit)<br><br>P 100.00<br>(Transfer Permit)<br><br>P 500.00<br>(Cremation Permit) | 14 minutes        | Dominica I. Lagpao<br>Administrative Aide I<br>Michelle A. Lanozo<br>Senior Admin. Asst. I<br>Ethel B. Zuñiga<br>Administrative Asst. V<br>Rose M. Nito<br>Ticket Checker<br><br>Office of the City<br>Treasurer |
| 3. Return to the City Health Office, 5 <sup>th</sup> Floor and present the Official Receipt                             | 3.1 Prepare Exhumation Permit.                          | None   | 5 minutes         | Wilson C. Rodriguez<br>Sanitation Inspector<br>Reyson L. Pila<br>Sanitation Inspector  |
| 4. Receive Exhumation Permit  | 4.1 Release Exhumation Permit                           | None   | 1 minute          | Jehssa-Mae S.<br>Cadurna<br>Ma. Elizabeth E.<br>Bautista<br>Sanitation Inspector<br>Office of the City<br>Health Officer   |
| <b>TOTAL:</b>   |   | <b>P 50.00</b>   | <b>22 minutes</b> |  |



#### 4. ISSUANCE OF PRE-MARRIAGE COUNSELLING CERTIFICATE (PMC) FOR FAMILY PLANNING

The Pre-Marriage Counselling Certificate (PMC) for Family Planning is issued to couple who are planning to get married, to orient them on the basic knowledge regarding Family Planning and Birth Spacing.

|   |   |                               |                        |   |
|---|---|-------------------------------|------------------------|---|
| <b>Office or Division:</b>  | Office of the City Health Officer               |                               |                        |   |
| <b>Classification:</b>  | Simple  |                               |                        |   |
| <b>Type of Transaction:</b>   | G2C- Government to Citizen                      |                               |                        |   |
| <b>Who may avail:</b>   | General Public (Marriage License Applicant)     |                               |                        |   |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>        |                        |   |
| 1. Marriage License Application Form - 1 original copy for reference only |   | City Civil Registrar's Office |                        |   |
| Note: Couples should personally appear in the City Health Office          |   |                               |                        |   |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTIONS</b>                           | <b>FEES TO BE PAID</b>        | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>   |
| 1. Submit requirements and fill out personal data in the logbook.         | 1.1 Review submitted documents                  | None                          | 2 minutes              | Christian Edmar L. Belza<br>Nurse II<br><br>Office of the City Health Officer |
| 2. Attend the seminar conducted every Thursday                            | 2.1 Conduct seminar for Pre-Marriage Counseling | None                          | 45 minutes             |   |
|   | 2.2 Prepare PMC Certificate.                    | None                          | 3 minutes              |   |
| 3. Receive PMC Certificate  | 4.1 Release PMC Certificate                     | None                          | 1 minute               |   |
|   | <b>TOTAL:</b>                                   | <b>None</b>                   | <b>51 minutes</b>      |   |



## 5. MEDICAL SERVICES

Meycauayan City Health Office provides effective and efficient delivery of health services made accessible to the community.

|   |   |                                   |                        |  |
|---|---|-----------------------------------|------------------------|--|
| <b>Office or Division:</b>  |   | Office of the City Health Officer |                        |  |
| <b>Classification:</b>  |   | Simple                            |                        |  |
| <b>Type of Transaction:</b>   |   | G2C- Government to Citizen        |                        |  |
| <b>Who may avail:</b>   |   | General Public                    |                        |  |
| <b>CHECKLIST OF REQUIREMENTS</b>  |   | <b>WHERE TO SECURE</b>            |                        |  |
| None  |   | None                              |                        |  |
| <b>CLIENT STEPS</b>   | <b>AGENCY ACTIONS</b>   | <b>FEES TO BE PAID</b>            | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>  |
| 1. Proceed to Health Information Desk for triage & record verification on respective City Health Unit of Barangay | 1.1 Retrieve old record or create new patient record (Individual Treatment Record)        | None                              | 2 minutes              | Nurse/Midwife of respective CHUs of barangay<br>Office of the City Health Officer<br><br><i>(please see attached list)</i> |
| 2. Provide Personal Information at designated Health Information Desk.  | 2.1 Obtain & record Patient's Profile, Chief Complaint and Vital Signs                    | None                              | 5 minutes              |  |
| 3. Secure a number and wait for the number to be called   | 3.1 Provide number based on first come, first serve basis and accessibility law.          | None                              | 1 minute               | Nurse/Midwife of respective CHUs of barangay<br>Office of the City Health Officer<br><br><i>(please see attached list)</i> |
| 4. Undergo Medical Consultation   | 4.1 Assess and examine the patient based on the ITR and its presenting signs and symptoms | None                              | 30 minutes             |  |
| 5. Wait for the result of medical examination   | 5.1 Interpret & explain laboratory results (if necessary)                                 |                                   |                        |  |
|   | 5.2 Issue medical certificate (if necessary)  |                                   |                        |  |
|   | 5.3 Patient may be requested to undergo laboratory examination, if necessary.             |                                   |                        |  |
| 6. Follow the Doctor's Order  | 6.1 Advise patient & prescribe medication   | None                              | 5 minutes              |  |
| <b>TOTAL:</b>   |   | <b>None</b>                       | <b>43 minutes</b>      |  |



## 6. DENTAL SERVICES

Meycauayan City Health Office provides effective and efficient delivery of health services made accessible to the community.

| <b>Office or Division:</b>   | Office of the City Health Officer  |                 |                                |   |
|--|--|-----------------|--------------------------------|---|
| <b>Classification:</b>   | Simple   |                 |                                |   |
| <b>Type of Transaction:</b>  | G2C- Government to Citizen   |                 |                                |   |
| <b>Who may avail:</b>  | General Public   |                 |                                |   |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE |                                |   |
| None   |  | None            |                                |   |
| CLIENT STEPS   | AGENCY ACTIONS   | FEES TO BE PAID | PROCESSING TIME                | PERSON RESPONSIBLE  |
| 1. Proceed to Health Information Desk for record verification.                     | 1.1 Retrieve old record or create new patient record (Individual Treatment Record) | None            | 1 minute                       | Dental Aide<br>Office of the City Health Officer<br><i>(please see attached list)</i>         |
| 2. Provide Personal Information at designated Health Information Desk.             | 2.1 Obtain & record Patient's Profile, Chief Complaint and Vital Signs             | None            | 5 minutes                      | Dental Aide<br>Office of the City Health Officer<br><i>(please see attached list)</i>         |
| 3. Secure a number at Health Information Desk and wait for the number to be called | 3.1 Provide number based on first come, first serve basis.                         | None            | 1 minute                       |   |
| 4. Undergo Dental Consultation   | 4.1 Assess and examine the patient.  | None            | 10 minutes                     | City Health Dentist<br>Office of the City Health Officer<br><i>(please see attached list)</i> |
| 3. Undergo Oral Prophylaxis  | 5.1 Perform Oral Prophylaxis (if necessary)  | None            | 30 minutes                     |   |
| 4. Undergo Tooth Extraction  | 6.1 Perform Tooth Extraction (if necessary: Topical/ Local Anes)                   | None            | 30 minutes                     |   |
| 7. Follow the Doctor's Order   | 7.1 Advise patient & prescribe medication  | None            | 5 minutes                      |   |
|  | <b>TOTAL</b>   | <b>None</b>     | <b>1 hour &amp; 22 minutes</b> |   |





## CITY HEALTH OFFICE (List of Personnel)

| LAST NAME                | FIRST NAME      | MIDDLE NAME  | POSITION           | PLACE OF ASSIGNMENT |
|--------------------------|-----------------|--------------|--------------------|---------------------|
| ROQUE                    | CHRISTIAN       | BERNARDO     | DOCTOR             | CHO                 |
| BELZA                    | CHRISTIAN EDMAR | LEGASPI      | NURSE              | CHO                 |
| ORTIZ                    | GRACE           | PONTIGON     | NUTRITIONIST       | CHO                 |
| FRANCISCO                | EARL AUDREY     | TADEO        | COS/ RAD TECH      | CHO                 |
| CERVANTES                | RENE            | BAUTISTA     | J.O/ DRIVER        | CHO                 |
| LEJARDE                  | JOSELITO        | LOPEZ        | DRIVER             | CHO                 |
| CADURNA                  | JEHSSA-MAE      | SALUARTIA    | J.O/ SANITATION    | CHO                 |
| HALASAN                  | RENATO          | GARDOSE      | ADMIN AIDE         | CHO                 |
| BAUTISTA                 | MA. ELIZABETH   | ESPIRITU     | J/O SANITATION     | CHO                 |
| RODRIGUEZ                | WILSON          | COMPLIDO     | SANITARY INSPECTOR | CHO                 |
| BARCELON                 | RAYMUNDO        |              | DRIVER             | CHO                 |
| BELTRAN                  | MELVIN          |              | DRIVER             | CHO                 |
| PILA                     | REYSON          | LAZATIN      | SANITARY INSPECTOR | CHO                 |
| RODRIGUEZ                | MARLITA         |              | J/O UTILITY        | CHO                 |
| SALES                    | RICHIE          |              | DENTAL AIDE        | CHO                 |
| BAUSA                    | CAMILLE         |              | NURSE              | CHO                 |
| <b>CHU 1 (BAYUGO)</b>    |                 |              |                    |                     |
| CONDECIDO                | MARIA CHRISTINA | VILLANUEVA   | DOCTOR             | CHU MAIN            |
| IPAPO                    | AMELIA          | CAMARGO      | DENTIST            | CHU MAIN            |
| SANTIAGO                 | FLORINDA        | DE LEON      | NURSE              | CHU MAIN            |
| MENDOZA                  | JENAILA         | EVANGELISTA  | MEDTECH            | CHU MAIN            |
| DULATAS                  | ZENAIDA         | VICTORIANO   | MIDWIFE            | BAYUGO GINTA        |
| SORIANO                  | LEONORA         | SUERTEFELIPE | MIDWIFE            | GASAK               |
| VIRAY                    | MA. TERESA      | LUAGUE       | MIDWIFE            | BAYUGO DULO         |
| JACOBO                   | ANNA LIZA       | RESURRECCION | ADMIN AIDE         | CHU MAIN            |
| REYES                    | HONEYLYN        | REYES        | COS/ DENTAL AIDE   | CHU MAIN            |
| ABENDAÑO                 | JOEL            |              | ENCODER            | CHU MAIN            |
| <b>CHU 2 (POBLACION)</b> |                 |              |                    |                     |
| CURIOSO                  | ERNESTO MOCHTAR | PORTA        | DOCTOR             | CHU MAIN POBLACION  |
| DUMIGPI                  | ANA BELEN       | JURADO       | DENTIST            | CHU MAIN POBLACION  |
| ESPIRITU                 | MELVIN          | VICENCIO     | MEDTECH            | CHU MAIN POBLACION  |
| LEONARDO                 | HERMINIA        | MILAN        | MIDWIFE            | ZAMORA              |
| ORLANDA                  | ELIZABETH       | CHAVAS       | MIDWIFE            | TUGATOG             |
| PILONGO                  | MERCEDITA       | NILAY        | MIDWIFE            | CALVARIO            |
| VILLAVICENCIO            | ARMINDA         | BAUTISTA     | MIDWIFE            | POBLACION           |
| DUMALAY                  | EMELITA         | LUCERO       | MIDWIFE            | LIPUTAN             |



|                         |                       |              |                  |                    |
|-------------------------|-----------------------|--------------|------------------|--------------------|
| DIVINO                  | MAURA RACHEL          |              | DENTAL AIDE/COS  | CHU MAIN POBLACION |
| TEJAS                   | RIZALYN               |              | J/O MIDWIFE      | SALUYSOY           |
| YOKOYAMA                | YOSHIKO               |              | COS/ NURSE       | CHU MAIN POBLACION |
| SILVA                   | JACQUELINE            |              | NURSE            | CHU MAIN POBLACION |
| <b>CHU 3 (IBA)</b>      |                       |              |                  |                    |
| PALAGANAS               | FE VICTORIA           | PINEDA       | DOCTOR           | CHU MAIN IBA       |
| MORAGA                  | GERARDO               | RUDICA       | DENTIST          | CHU MAIN IBA       |
| SANTOS                  | MARIA BELEN           | DELOS SANTOS | COS/ NURSE       | CHU MAIN IBA       |
| SISON                   | MARITES               | SAMBILE      | COS/ MEDTECH     | CHU MAIN IBA       |
| GUEVARRA                | CONNIE                | SERATA       | MIDWIFE          | PANTOC             |
| SORIANO                 | EDUVIGES              | BENEDICTO    | MIDWIFE          | IBA                |
| ZUNIGA                  | MARILYN               | MACATULAD    | MIDWIFE          | LIBTONG            |
| <b>CHU 4 (MALHACAN)</b> |                       |              |                  |                    |
| SOLANO                  | KALIR                 |              | DOCTOR           | CHU MAIN MALHACAN  |
| BUNING                  | CHRISTINA             | VILLATURA    | DENTIST          | CHU MAIN MALHACAN  |
| PENA                    | ANA DIVINA            | BONI         | NURSE            | CHU MAIN MALHACAN  |
| DURAN                   | ROSEMARIE             | SORIENTE     | MIDWIFE          | CHU MAIN MALHACAN  |
| ENGUILLO                | PERLITA               | ANDAYA       | MIDWIFE          | CHU MAIN MALHACAN  |
| ANINIAS                 | EMILY                 | NOMBRE       | MIDWIFE          | LGP                |
| ILDEFONSO               | MARISSA               | DELA CRUZ    | MIDWIFE          | CHU MAIN MALHACAN  |
| ALTOVEROS               | REYNALDO              | VERGARA      | UTILITY          | CHU MAIN MALHACAN  |
| CARANTO                 | ROCEL                 |              | COS/ MEDTECH     | CHU MAIN MALHACAN  |
| AYSON                   | PATHREA               | AQUINO       | COS/ DENTAL AIDE | CHU MAIN MALHACAN  |
| ALTOVEROS               | MAYLA                 | CANLAS       | MIDWIFE          | CHU MAIN MALHACAN  |
| <b>CHU 5 (PEREZ)</b>    |                       |              |                  |                    |
| RICAFORT                | ELAINE THERESE        | CORREA       | DOCTOR           | CHU MAIN PEREZ     |
| VELASCO                 | JENZEL                | DIMASIN      | NURSE            | CHU MAIN PEREZ     |
| CONCOVAR                | LIZA                  | OLAZO        | MIDWIFE          | CHU MAIN PEREZ     |
| GATCHALIAN              | JULIETA               | MACALIPAS    | MIDWIFE          | CHU MAIN PEREZ     |
| ANGELES                 | MICHELLE              |              | COS/NURSE        | CHU MAIN PEREZ     |
| DELA CRUZ               | ROSALINA              | CABALONA     | DENTAL AIDE      | BAHAY PARE         |
| ROSALES                 | MARIA JO<br>CHARMAINE |              | J/O MIDWIFE      | BAGBAGUIN          |
| GINO GINO               | EUNICE GRACE          | DELOS REYES  | MEDTECH          | CHU MAIN PEREZ     |
| <b>CHU 6 (BANCAL)</b>   |                       |              |                  |                    |
| FERNANDEZ               | CAROLINA              |              | DOCTOR           | CHU MAIN BANCAL    |
| MAGLAQUI                | BENJAMIN III          | GUTIERREZ    | COS/NURSE        | CHU MAIN BANCAL    |
| ABACAN                  | FLORDELIZA            | CUBOS        | MIDWIFE          | LONGOS             |
| CONCEPCION              | LILIBETH              | LIM          | MIDWIFE          | BANCAL CENTER      |
| GONZALES                | RAQUEL LIZA           | PADREGUILAN  | MIDWIFE          | BANCAL CENTER      |
| POLICARPIO              | ALMA                  | GERONIMO     | MIDWIFE          | LONGOS             |
| GARCIA                  | EVELYN                |              | MIDWIFE          | CHU 6 – BANGA      |



|                          |               |             |                  |                   |
|--------------------------|---------------|-------------|------------------|-------------------|
| DIMASIN                  | EDITHA        | PANTALEON   | MIDWIFE          | CHU 6 - BANGA     |
| <b>CHU 7 (PANDAYAN)</b>  |               |             |                  |                   |
| BARRIBAL                 | FREDINAND     | CAIMBON     | DOCTOR           | CHU MAIN PANDAYAN |
| VILLALUZ                 | ALELI         | TUAZON      | DENTIST          | CHU MAIN PANDAYAN |
| ZUNIGA                   | EARL BENEDICT | RAMOS       | NURSE            | CHU MAIN PANDAYAN |
| ORTEGA                   | MARICEL       | PAGDANGANAN | COS/ NURSE       | CHU MAIN PANDAYAN |
| ROQUE                    | RONA MARIE    | DE LEON     | MEDTECH          | CHU MAIN PANDAYAN |
| WAGE                     | REGINA        | VARGAS      | MIDWIFE          | CHU MAIN PANDAYAN |
| RESUELLO                 | MA. PERLA     | PAYOYO      | MIDWIFE          | CHU MAIN PANDAYAN |
| SALES                    | SUSAN         | CERVANTES   | MIDWIFE          | CHU MAIN PANDAYAN |
| RICAFORT                 | LEOPOLDE      | A           | COS/ DENTAL AIDE | CHU MAIN PANDAYAN |
| <b>CHU 8 (LAWA)</b>      |               |             |                  |                   |
| BERBOSO                  | MERIE JANE    |             | COS/DOCTOR       | CHU MAIN LAWA     |
| QUILON                   | ELIZABETH     | DOMINGO     | MIDWIFE          | CAINGIN           |
| AQUINO                   | RUTCHELL      | RODRIGUEZ   | COS/ NURSE       | CHU MAIN LAWA     |
| ISRAEL                   | PATRIA        | TRAJANO     | MIDWIFE          | CHU MAIN LAWA     |
| GUILLERMO                | REBECCA       | LEGASPI     | MIDWIFE          | CHU MAIN LAWA     |
| DE JESUS                 | ZENAIDA       | REYES       | MIDWIFE          | CHU MAIN LAWA     |
|                          |               |             |                  |                   |
| <b>CHU 9 ( SALUYSOY)</b> |               |             |                  |                   |
| SOLANO                   | NIKKI         |             | COS/DOCTOR       | CHU MAIN SALUYSOY |
| CARANTO                  | CECILIA       | AQUINO      | MIDWIFE          | CHU MAIN SALUYSOY |
| CONQUILLA                | ROSARIO       | RODRIGUEZ   | MIDWIFE          | CHU MAIN SALUYSOY |
| VILLADOZ                 | LORENCIA      |             | MIDWIFE          | UBIHAN            |
| MIRANDA                  | ANGELIE       |             | NURSE            | CHU MAIN SALUYSOY |
| DE CASTRO                | HAZEL ANN     |             | NURSE            | CHU MAIN SALUYSOY |
| <b>CHU 10 ( CAMALIG)</b> |               |             |                  |                   |
| LUNARIA                  | SEREN         |             | COS/DOCTOR       | CHU MAIN CAMALIG  |
| ELIOT                    | ELISA         | MENDOZA     | MIDWIFE          | BAHAY PARE        |
| ALACON                   | IMELDA        | TERMULO     | MIDWIFE          | CHU MAIN CAMALIG  |
| NAVARRO                  | JOCELYN       | BORDADOR    | MIDWIFE          | PAJO              |
| QUIESTAS                 | JULIE ANN     | GERONIMO    | NURSE            | CHU MAIN CAMALIG  |