



**Municipal Health Office**  
External Services



## 1. MEDICAL CONSULTATION AND TREATMENT

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of referral slip from Barangay Health Station	○ Registration and Provision of Individual Treatment Record	None	3 minutes	Midwife/Nurse
	○ Taking of Vital Signs.		5 minutes	Midwife/Nurse
	○ Physical Examination		10 minutes	MHO
	○ Dispensing of Medicines		3 minutes	Dispensing Staff
	○ Referral (if needed)		2 minutes	Nurse/MHO
	<b>TOTAL</b>	<b>None</b>	<b>23 minutes</b>	



## 2. MATERNAL AND CHILD CARE

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. Family Planning</b>  1. Presentation of Referral Slip and/or Document	○ Registration and Provision of Individual treatment record	None	3 minutes	Midwife/Nurse
	○ Taking of Vital Signs		5 minutes	Midwife/Nurse
	○ History Taking / Physical Examination		10 minutes	MHO
	○ Counseling		3 minutes	Dispensing Staff Nurse
	○ Giving of Family Planning Commodity		2 minutes	
	○ Recording of FP Commodity Dispensed to user record book Signs.		1 minute	Midwife
<b>B. Pre-Natal Care</b>  1. Presentation of Mother and Baby Booklet	○ Registration and Provision of Individual treatment record	None	5 minutes	Nurse/Midwife
	○ Fill-up Mother and Baby Booklet	None	10 minutes	Nurse/Midwife
	○ Taking of Vital Signs.	None	5 minutes	Nurse/Midwife
	○ Physical Examination		10 minutes	Nurse/Midwife



CLIENT STEPS	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	<ul style="list-style-type: none"> <li>○ Issue laboratory request for Urinalysis &amp; Hemoglobine</li> <li>○ Given of T-Toxiod &amp; Iron supplementati on.</li> <li>○ Health Education</li> </ul>	<p>None</p> <p>None</p> <p>None</p>	<p>2 minutes</p> <p>10 minutes</p> <p>15 minutes</p>	<p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Nurse/Midwife</p>
<p><b>C. Post-Natal Care</b></p> <p>1. Presentation of Referral Slip and/or Document</p>	<ul style="list-style-type: none"> <li>○ Registration and Provision of Individual treatment record</li> <li>○ Taking of Vital Signs</li> <li>○ Physical Examination</li> <li>○ Given of Iron Supplements &amp; Vitamin A</li> <li>○ Health Education</li> </ul>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>3 minutes</p> <p>5 minutes</p> <p>10 minutes</p> <p>3 minutes</p> <p>15 minutes</p>	<p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Nurse/Midwife</p>
<p><b>D. Immunization</b></p> <p>1. Presentation of Immunization Card</p>	<ul style="list-style-type: none"> <li>○ Registration and Provision of Individual treatment record</li> <li>○ Health Education</li> <li>○ Recording</li> <li>○ Given of Vaccines</li> <li>○ Given Vitamin A for 9-12 months</li> </ul>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>5 minutes</p> <p>10 minutes</p> <p>3 minutes</p> <p>3 minutes</p> <p>3 minutes</p>	<p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Nurse/Midwife</p> <p>Midwife/BHW</p> <p>Midwife</p>



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>E. Integrated Management of Children's Illnesses</b>  1. Presentation of Referral Slip and/or Document	○ Registration and Provision of Individual treatment record	None	5 minutes	Nurse/Midwife
	○ Taking of Vital Signs	None	5 minutes	Nurse/Midwife
	○ Physical Examination	None	10 minutes	MHO
	○ Provision of Medicines	None	3 minutes	Midwife/Nurse
	○ Counseling	None	3 minutes	Midwife/MHO
	○ Refer Client (If Needed)	None	3 minutes	Midwife/MHO
<b>F. Nutrition</b>  1. Presentation of Referral Slip and/or Document	○ Registration and Provision of Individual treatment record	None	5 minutes	Midwife
	○ Taking of Vital Signs	None	5 minutes	Nurse
	○ Health Assessment	None	10 minutes	
	○ Counseling	None	3 minutes	Midwife/Nurse
	○ Giving of Micro Nutrients (Vitamin A & Iron Supply)	None	3 minutes	BNS/MNAO
	○ OPT	None	3 minutes	
	<b>TOTAL</b>	<b>None</b>		



### 3. TUBERCULOSIS CONTROL

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. SMEAR Positive</b>				
1. Presentation of Referral Slip of Sputum (+)	<ul style="list-style-type: none"> <li>○ Registration and Provision of Individual treatment record</li> <li>○ Taking of Vital Signs</li> <li>○ Health Assessment</li> <li>○ Health Education</li> <li>○ Registration of Client in the TB Registry</li> <li>○ Dispensing of NPT Medicines</li> </ul>	None	5 minutes	Nurse
		None	5 minutes	Nurse
		None	10 minutes	Nurse
		None	15 minutes	Nurse
		None	5 minutes	Nurse
		None	2 minutes	Nurse
<b>B. GEN-XPRT</b>				
1. Presentation of Referral Slip and/or Document with Sputum Sample	<ul style="list-style-type: none"> <li>○ Receiving of Sample</li> <li>○ Processing of Sample</li> <li>○ Run sample on the machine</li> <li>○ Recording</li> <li>○ Releasing of Result</li> <li>○ Reporting</li> </ul>	None	1 minute	Medical Technologist I
		None	1 hour	
		None	3 hours	
		None	5 minutes	
		None	1 minute	
		None	10 minutes	



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>C. SMEAR Negative but X-Ray Positive</b>  1. Presentation of Referral Slip and Chest X-ray Result	○ Registration and Provision of Individual treatment record	None	5 minutes	Nurse II
	○ Taking of Vital Signs	None	5 minutes	Nurse/Midwife
	○ Physical Examination	None	10 minutes	MHO
	○ Health Education	None	15 minutes	MHO
	○ Carry out Doctor's Order	None	5 minutes	Nurse II
	○ Registration of Client to TB registration log book	None	15 minutes	Nurse II
	○ Re-treatment Cases refer to PMDT	None	3 minutes	MHO
	<b>TOTAL</b>	<b>None</b>		



#### 4. LEPROSY CONTROL

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of referral slip from Barangay Health Station	○ Registration and Provision of Individual treatment record	None	5 minutes	Nurse II
	○ Registration of Client to Leprosy Log Book	None	5 minutes	Nurse II Nurse/Midwife
	○ History Taking/Physical Examination	None	15 minutes	MHO
	○ Dispensing of Medicines	None	10 minutes	Nurse II
	○ Health Education	None	15 minutes	Nurse II
	<b>TOTAL</b>	<b>None</b>	<b>50 minutes</b>	





## 5. DENTAL SERVICES

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. Tooth Extraction</b>				
1. Presentation of Referral Slip and/or Document	<ul style="list-style-type: none"> <li>○ Registration and Provision of Individual treatment record</li> <li>○ Tooth Extraction</li> <li>○ Dispensing of Medicines</li> <li>○ Counseling</li> <li>○ Dental Fee</li> </ul>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>150.00</p>	<p>5 minutes</p> <p>20 minutes</p> <p>3 minutes</p> <p>3 minutes</p> <p>1 minute</p>	<p>Dental Aide</p> <p>Dentist II</p> <p>Dispensing Staff</p> <p>Dentist II</p> <p>MTO Staff</p>
<b>B. General Oral Consultation</b>				
1. Presentation of Referral Slip and/or Document	<ul style="list-style-type: none"> <li>○ Registration and Provision of Individual treatment record</li> <li>○ Oral Examination</li> <li>○ Oral Prophylaxis</li> <li>○ Health Education</li> <li>○ Restorative Filling</li> <li>○ Fluoride Toothbrushing drill</li> </ul>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>5 minutes</p> <p>10 minutes</p> <p>15 minutes</p> <p>30 minutes</p> <p>10 minutes</p> <p>10 minutes</p>	<p>Dental Aide</p> <p>Dentist II</p> <p>Dentist II</p> <p>Dentist II</p> <p>Dentist II</p> <p>Dentist II</p>
	<b>TOTAL</b>	<b>None</b>	<b>1 hour &amp; 20 minutes</b>	



## 6. ENVIRONMENTAL SERVICES

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Complex</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. Issuance of Sanitary Permit</b>  1. Presentation of Document	<ul style="list-style-type: none"> <li>○ Evaluate, Verify and Assess documents</li> </ul>	None	5 minutes	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Inspection as to the Compliance of Food Establishment</li> </ul>	None		Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Issuance of Sanitary Permit</li> </ul>	None		Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Recording to Consolidated log book</li> </ul>	None	10 minutes	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Conduct of reinspection of Establishment</li> </ul>	None	3 days	Sanitation Inspector II
<b>B. Monitoring of Environmental Sanitation</b>  1. Presentation of Community Complaint and/or Request for Re-assessment	<ul style="list-style-type: none"> <li>○ Barangay Visitation</li> </ul>	None	Variable	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Conduct Inspection (SG + I.S Toilet/ piggery)</li> </ul>	None	15 minutes	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Health Education</li> </ul>	None	15 minutes	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Distribution of IEC Materials</li> </ul>	None	30 minutes	Sanitation Inspector II
	<ul style="list-style-type: none"> <li>○ Conduct of Water Sampling from the water reservoir</li> </ul>	None	5 minutes	Sanitation Inspector II
<b>TOTAL</b>		<b>None</b>	<b>1 hour &amp; 5 minutes</b>	



## 7. ISSUANCE OF MEDICAL CERTIFICATE

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of Clients Request	○ Registration and Provision of Individual treatment record	None	3 minutes	Nurse/Midwife
	○ Taking of Vital Signs	None	5 minutes	Nurse/Midwife
	○ Physical Examination	None	10 minutes	MHO
	○ Issue Medical Certificate	None	3 minutes	MHO
	○ Payment for Medical Certificate	60.00	2 minutes	MTO Staff
	<b>TOTAL</b>	<b>None</b>	<b>22 minutes</b>	



### 8. ISSUANCE OF DEATH CERTIFICATE

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of Clients Request	○ Evaluate and Verify the documents	None	1 minute	MHO
	○ History Taking	None	3 minutes	MHO
	○ Signing of the Document	None	1 minute	MHO
	○ Release of Death Certificate	None	1 minute	MHO
	○ Conduct of Post mortem Exam as Requested	None	45 minutes	MHO
	<b>TOTAL</b>	<b>None</b>	<b>51 minutes</b>	



## 9. ISSUANCE OF MEDICO-LEGAL CERTIFICATE

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of PNP Request	○ Evaluate and Verify the documents	None	1 minute	MHO
	○ Taking of Vital Signs	None	5 minutes	Nurse/Midwife
	○ History Taking / Physical Examination.	None	10 minutes	MHO
	○ Pelvic Internal Examination (For Rape Case)	None	5 minutes	MHO
	○ Signing of Medico-Legal Certificate	None	1 minute	MHO
	○ Counseling/ Stress Debriefing	None	5 minutes	MHO
	○ Recording to the Medico-legal log book	None	2 minutes	MHO
	<b>TOTAL</b>	<b>None</b>	<b>29 minutes</b>	



## 10. LABORATORY SERVICES

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. Sputum Examination</b>  1. Presentation of Collected Sputum Spicemen	○ Identification of symptomatic clients	None	3 minutes	MHO
	○ Conduct GEN-XPRT (refer to TB Control)	None		Medical Technologist I
	○ Coiling, Smearing and Staining (for follow ups)	None	4 hours	Midwife
	○ Reading thru microscope	None	30 minutes	Medical Technologist I
	○ Release of Result.	None	2 minutes	Medical Technologist I
	○ If negative sputum result (refer for chest x-ray)	None	2 minutes	MHO
	○ If positive result for PTB, - Dispense Medications	None	3 minutes	Nurse II
	<b>TOTAL</b>	<b>None</b>	<b>29 minutes</b>	



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>B. Rapid Antigen Testing for Covid-19</b>  1. Presentation of Clients to Swabbing Area	○ Identification of Clients	None	1 minute	Medical Technologist I
	○ Perform Swab Testing	None	5 minutes	Medical Technologist I
	○ Waiting for the Result	None	15 minutes	Medical Technologist I
	○ Releasing of Result if Positive (+) perform RTPCR Sampling	None	20 minutes	Medical Technologist I
	○ If Negative (-) but symptomatic still perform RTPCR Sampling	None	20 minutes	MHO
	○ Decontamination Procedures	None	5 minutes	Medical Technologist I
	○ Submission of RTPCR Sample to IPHO	None	3 hours	Medical Technologist I
	<b>TOTAL</b>	None	<b>1 hour &amp; 9 minutes</b>	



## 11. COVID SURVEILLANCE AND MONITORING

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presentation of Referral from Hospital, and /or Community	○ Fetching of Covid Positive from Hospital (Mild Case)	None	1 hour	MDRRMO-Rescue Vehicle
	○ Evaluate and Verify the documents	None	1 minute	Driver
	○ Travel History Taking by telecommunication	None	10 minutes	MESU
	○ Admission to the Isolation Facility	None	3 minutes	MESU
	○ Provision of Personal Hygiene kit	None	1 minute	Dentist II
	○ Contact Tracing	None	30 minutes/ contact	Contact Tracers
	○ Daily Monitoring as to Physical Condition	None	15 minutes/pt	Contact Tracers
	○ Tele Medicine Consultation	None	10 minutes/pt	Nurse/Midwife
	○ Provision of Medicines and Vitamins	None	10 minutes/pt	MHO
	○ Facilitate the burial of Expired of COVID 19 patient	None	4 hours/ transaction	MHO
	○ Submission of Report	None	45 minutes	MESU
○ Encoding of Covid 19 Confirmed / Antigen Positive Patient at the Data Base	None	10 minutes	MESU & Data Surveillance Officer	
<b>TOTAL</b>		<b>None</b>	<b>7 hours &amp; 25 minutes</b>	





## 12. COVID 19 VACCINATION OPERATION

<b>Office or Division:</b>	<b>Municipal Health Office</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of transaction:</b>	<b>G2C - Government to Citizen</b>			
<b>Who may avail:</b>	<b>All</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>○ Proof of Validity (Document, another pre - existing certification from third party government/non-government organization.</li> </ul>		From the client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESONSIBLE</b>
1. Presentation of Document to the Vaccination Site	○ Evaluate and Verify the documents	None	2 minutes	Nurse/Midwife
	○ Registration of Clients	None	10 minutes	Nurse/Midwife
	○ Screening of Health Status	None	10 minutes	Nurse/MHO
	○ Counseling and Health Education	None	3 minutes	Nurse/Midwife
	○ Standby at Vaccination Site	None	5 minutes	RHU Staff
	○ Inoculation of Vaccine	None	2 minutes	Nurse/ Vaccinator
	○ Post Vaccination Monitoring	None	30 minutes	Nurse II/ MHO
	○ Dispensing of Emergency Medicines	None	1 minute	Nurse II/MHO
	○ Follow up Adverse effect, following Immunization	None	5 minutes	Nurse II
	○ Follow up Vaccinated Client from their second dose shot	None	3 minutes	Nurse II
	<b>TOTAL</b>	<b>None</b>	<b>1 hours &amp; 9 minutes</b>	