

### # Service: Medical Services

| Office or Division: UNIVERSITY HEALTH SERVICES  |   |               |            |   |  |  |
|---|---|---------------|------------|---|--|--|
| Classification:   | SIMPLE  |               |            |   |  |  |
| Type of Transaction:  | G2C- Government to Client                               |               |            |   |  |  |
| Who may avail:  | Student   |               |            |   |  |  |
| CHECKLIST OF REC  | UIREMENTS   |               | WHERE TO   | SECURE                                    |  |  |
| Enrollment printout (for old students)  | for new students) I                                     | D             |            |   |  |  |
| CLIENT STEPS  | AGENCY  | FEES          | PROCESSING | PERSON                                    |  |  |
|   | ACTIONS   | TO BE<br>PAID | TIME       | RESPONSIBLE                               |  |  |
| 1. For Physical Exam: New Students 2. Present ID or Enrollment printout.  | Inspect validity<br>of presented<br>ID/Document         | None          | 1 minute   | Nurse/ Clinic staff<br>on duty            |  |  |
| <ul><li>3. Fill out and sign the medical information sheet (MIS)</li><li>4. (For new students only)</li></ul>       | Guides patient<br>in<br>accomplishing<br>MIS            | None          | 5 minutes  | Nurse/ Clinic staff<br>on duty            |  |  |
| 5. Submit chest x-ray result  | Check and record chest xray result                      | None          | 1 minute   | Nurse on duty                             |  |  |
| 6. Submit oneself to measurement of weight, height, visual acuity, blood pressure, pulse rate and respiratory rate. | Measures vital<br>signs                                 | None          | 8 minutes  | Nurse on duty                             |  |  |
| 7. Submit oneself to physical examination.  | Performs<br>physical<br>examination                     | None          | 15 minutes | Physician                                 |  |  |
| 8. Evaluate services  | Encourage client<br>to accomplish<br>NNP Survey<br>Form | None          | 2 minutes  | Ngiting Normal Client Satisfaction Survey |  |  |

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|  |   |  |  | Link:https://nnp.pnu   |
|  |   | Total                                    | Tatal                                      | .edu.ph/   |
| END OF TRANSA  | ACTION  | Total<br>Amount<br>to be<br>Paid<br>None | Total<br>Transaction<br>Time<br>32 Minutes |  |
| 1. For Physical Exam: Old Students Present ID or Enrollment printout         | Inspect validity<br>of ID                               | None                                     | 1 minute                                   | Nurse/ Clinic staff<br>on duty   |
| 2. Submit chest x-ray result   | Check and record chest xray result                      | None                                     | 1 minute                                   | Nurse on duty  |
| 3. Fill out/answer<br>Significant Medical<br>Condition checklist             | Inspect<br>accuracy of<br>submitted<br>information      | None                                     | 2 minutes                                  | Nurse on duty  |
| 4. Submit oneself to measurement of weight, height, visual acuity, BP, RR,HR | Measures vital signs                                    | None                                     | 8 minutes                                  | Nurse on duty  |
| <ol><li>Submit oneself to<br/>physical<br/>examination.</li></ol>            | Performs<br>physical<br>examination                     | None                                     | 15 minutes                                 | Physician  |
| 6. Evaluate services   | Encourage client<br>to accomplish<br>NNP Survey<br>Form | None                                     | 2 minutes                                  | Ngiting Normal Client Satisfaction Survey  Link:https://nnp.pnu .edu.ph/ |
| END OF TRANSA  | CTION   | Total<br>Amount<br>to be<br>Paid<br>None | Total<br>Transaction<br>Time<br>29 Minutes |  |

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# # Service: Medical Services (Medical Consultation)

| Office or Division:             | UNIVERSITY HEALTH SERVICES |                 |                      |                                    |  |
|---------------------------------|----------------------------|-----------------|----------------------|------------------------------------|--|
| Classification:                 | SIMPLE                     |                 |                      |                                    |  |
| Type of Transaction:            | G2C- Government to Client  |                 |                      |                                    |  |
| Who may avail:                  | Students, Teach            | ing and Nor     |                      | OFOLIDE                            |  |
| CHECKLIST OF REC                | UIREMENTS                  |                 | WHERE TO             | SECURE                             |  |
| 1.ID                            |                            |                 |                      |                                    |  |
| CLIENT STEPS                    | AGENCY                     | FEES            | PROCESSING           | PERSON                             |  |
|                                 | ACTIONS                    | TO BE           | TIME                 | RESPONSIBLE                        |  |
|                                 |                            | PAID            |                      |                                    |  |
| 1. For Medical                  |                            |                 |                      |                                    |  |
| Consultation:                   | Inspect validity           |                 | 1 minute             | Nurse/clinic staff on              |  |
| Present ID                      | of ID                      | None            | 1 minute             | duty                               |  |
|                                 |                            |                 |                      | N1 / 1: 1 / 65                     |  |
| 2. Inform Nurse on              | Records chief              | None            | 1 minute             | Nurse/clinic staff                 |  |
| duty reason for<br>clinic visit | complaint                  | None            | i illillute          | on duty                            |  |
| 3. Submit oneself to            | Performs                   |                 |                      |                                    |  |
| measurement of                  | measurement                | None            | 8 minutes            | Nurse on duty                      |  |
| vital signs                     | of vital signs             |                 |                      |                                    |  |
| 4. Submit oneself to            | J                          |                 |                      |                                    |  |
| physical                        | Performs                   |                 |                      |                                    |  |
| examination and/ or             | physical                   | None            | 25 minutes           | Physician                          |  |
| undergo treatment               | examination                |                 |                      |                                    |  |
|                                 | and / or apply             |                 |                      |                                    |  |
|                                 | treatment                  |                 |                      |                                    |  |
|                                 | Recommends further         |                 |                      |                                    |  |
|                                 | treatment if               |                 |                      |                                    |  |
|                                 | necessary                  |                 |                      |                                    |  |
| E Cyclusts comises              | Encourage client           |                 |                      | Maiting Marmal                     |  |
| <b>5.</b> Evaluate services     | to accomplish              |                 |                      | Ngiting Normal Client Satisfaction |  |
|                                 | NNP Survey                 |                 |                      | Survey                             |  |
|                                 | Form                       |                 |                      |                                    |  |
|                                 |                            | None            | 2 minutes            | - 農瀬県                              |  |
|                                 |                            |                 |                      |                                    |  |
|                                 |                            |                 |                      | <b>■88%</b>                        |  |
|                                 |                            |                 |                      | Link:https://nnp.pnu               |  |
|                                 |                            | T-4:1           | T-4:1                | .edu.ph/                           |  |
|                                 |                            | Total<br>Amount | Total<br>Transaction |                                    |  |
|                                 |                            | to be           | Time                 |                                    |  |
| END OF TRANSA                   | CTION                      | Paid            | 37 Minutes           |                                    |  |
| LITE OF TRANSP                  |                            | None            |                      |                                    |  |



## # Service: Dental Service



| Office or Division:  | UNIVERSITY HEALTH SERVICES   |  |                                       |   |  |
|--|--|--|---------------------------------------|---|--|
| Classification:  | SIMPLE   |  |                                       |   |  |
| Type of Transaction:   | G2C- Government to Client  |  |                                       |   |  |
| Who may avail:   | Students, Teachin  | g and Nor  |                                       |   |  |
| CHECKLIST OF REQ   |  |  | WHERE TO                              | SECURE  |  |
| Enrollment printout (f<br>(for old students)   | ,  |  |                                       |   |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS  | FEES<br>TO BE<br>PAID  | PROCESSING<br>TIME                    | PERSON<br>RESPONSIBLE   |  |
| Present ID or Enrollment printout.   | Inspect validity of presented ID/Document                              | None   | 1 minute                              | Dental Aid/Dental<br>Staff on Duty                              |  |
| 2. Fill out and sign the<br>Dental Health<br>Card(DHC)<br>(for new students only)        | Guides patient in accomplishing DHC                                    | None   | 3 minutes                             | Dental Aid/Dental<br>Staff on Duty                              |  |
| 3. Submit oneself to<br>oral-dental<br>examination and/or<br>undergo<br>dental treatment | Perform oral-<br>dental<br>examination<br>and/or<br>treatment:<br>Oral | None   | 2 minutes                             | Dentist   |  |
|  | Prophylaxis<br>Tooth<br>Filling<br>Tooth extraction                    |  | 30minutes<br>20 minutes<br>25 minutes |   |  |
| 4. Evaluate services   | Encourage client<br>to accomplish<br>NNP Survey Form                   | None   | 2 minutes                             | Ngiting Normal Client Satisfaction Survey  Link:https://nnp.pnu |  |
| END OF TRANSA  | Total<br>Amount<br>to be<br>Paid<br>None                               | Total<br>Transaction<br>Time<br>Oral<br>Prophylaxis:<br>38 minutes | .edu.ph/                              |   |  |

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| Tooth<br>Filling:<br>28<br>minutes |      |
| Tooth<br>extraction:<br>33 minutes |      |



# **#Service: Medical Services (Online Medical Evaluation of Submitted Documents for New Students)**

| Office or Division:            | UNIVERSITY HEALTH SERVICES             |      |            |                            |  |
|--------------------------------|--|------|------------|----------------------------|--|
| Classification:                | SIMPLE                                 |      |            |                            |  |
| Type of Transaction:           | G2C- Government to Client              |      |            |                            |  |
| Who may avail:                 | Students                               |      |            |                            |  |
| CHECKLIST OF REC               | UIREMENTS                              |      | WHERE TO   | SECURE                     |  |
| 1. Enrollment printo           |  |      |            |                            |  |
| students) ID (for o            | AGENCY                                 | FEES | PROCESSING | PERSON                     |  |
| CLIENT STEPS                   | ACTIONS                                | TO   | TIME       | RESPONSIBLE                |  |
|                                | ACTIONS                                | BE   | 11111      | INLOI ONOIDEE              |  |
|                                |  |      |            |                            |  |
| 4 For Modical                  | la a a a a to call alite conf          | PAID |            |                            |  |
| 1. For Medical Evaluation: New | Inspect validity of presented/uploaded |      |            |                            |  |
| Students                       | ID/Registration form                   |      |            | Nurse/ Clinic staff on     |  |
| Fill out online health         |  | None | 5 minutes  | duty                       |  |
| checklist                      | Evaluate responses                     |      |            | Physician                  |  |
|                                | in the health checklist                |      |            |                            |  |
| 2. Download physical           | CHECKIIST                              |      |            |                            |  |
| examination form               |  |      |            |                            |  |
| from PNU website               | Responds to                            |      |            |                            |  |
| or PNU FB page                 | queries regarding                      | None |            | Nurse/ Clinic staff on     |  |
| and undergo                    | downloadable                           |      | 5 minutes  | duty                       |  |
| physical exam in               | forms and other                        |      |            |                            |  |
| any DOH                        | concerns                               |      |            |                            |  |
| accredited medical             |  |      |            |                            |  |
| facility  3. Submit through    | Check and record                       |      |            |                            |  |
| email                          | chest x-ray and                        |      |            |                            |  |
| (uhsu@pnu.edu.ph)              | drug test, rand                        |      |            |                            |  |
| scanned copies of              | physical                               |      |            |                            |  |
| Physical .                     | examination                            | None |            | Nivers are distri          |  |
| examination form               | results                                |      | 5 minutes  | Nurse on duty<br>Physician |  |
| (signed by a                   |  |      |            | 1 Hyololan                 |  |
| physician), Chest x-           | Evaluate results                       |      |            |                            |  |
| ray, and drug test             |  |      |            |                            |  |
| results                        |  |      |            |                            |  |
| <b>4.</b> Evaluate services    | Encourage client to                    |      |            | Ngiting Normal             |  |
| T. Evaluate services           | accomplish NNP                         |      |            | Client Satisfaction        |  |
|                                | Survey Form                            | None | O maile 1  | Survey                     |  |
|                                |  |      | 2 minutes  |                            |  |
|                                |  |      |            | 75.00 M                    |  |
|                                |  |      |            |                            |  |
|                                |  |      |            | E1:30.74                   |  |

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|               |        |  |  | Link:https://nnp.pnu<br>.edu.ph/ |
| END OF TRANSA | ACTION | Total<br>Amou<br>nt to<br>be<br>Paid<br>None | Total<br>Transaction<br>Time<br>17 Minutes |                                  |



## # Service: Medical Services (Medical Online Consultation)

| Office or Division:             | UNIVERSITY HEALTH SERVICES |                           |             |   |  |  |
|---------------------------------|----------------------------|---------------------------|-------------|---|--|--|
| Classification:                 | SIMPLE                     | SIMPLE                    |             |   |  |  |
| Type of Transaction:            |                            | G2C- Government to Client |             |   |  |  |
| Who may avail:                  | Students, Teaching         | and Non-1                 |             |   |  |  |
| CHECKLIST OF REG                | UIREMENTS                  |                           | WHERE TO    | SECURE  |  |  |
| 1. ID                           |                            |                           |             |   |  |  |
| CLIENT STEPS                    | AGENCY                     | FEES                      | PROCESSI    | PERSON  |  |  |
|                                 | ACTIONS                    | TO BE                     | NG TIME     | RESPONSIBLE   |  |  |
|                                 |                            | PAID                      |             |   |  |  |
| 1. For Online                   |                            |                           |             |   |  |  |
| Medical                         |                            |                           |             |   |  |  |
| Consultation/                   | Inspect validity of        |                           |             |   |  |  |
| Health                          | uploaded                   | None                      |             | Nurse/clinic staff on   |  |  |
| Counselling:                    | scanned copy of            |                           | 3 minutes   | duty  |  |  |
| Fill up google form for         | ID or registration         |                           |             | duty  |  |  |
| schedule of online              | form                       |                           |             |   |  |  |
| consultation                    |                            |                           |             |   |  |  |
| 0 0                             |                            |                           |             | N1 / 1: : ( CC  |  |  |
| 2. Check                        |                            |                           |             | Nurse/clinic staff  |  |  |
| email/messenger/tx              | Records schedule           |                           |             | on duty   |  |  |
| t message for assigned schedule | and inform                 | None                      | 3 minutes   | on duty   |  |  |
| of online                       | Physician/Nurse            | None                      |             |   |  |  |
| consultation                    |                            |                           |             |   |  |  |
| 3. Received voice               | Provide medical            |                           |             |   |  |  |
| call/messenger call             | consultation/              |                           |             | DI  |  |  |
| for medical                     | health counselling         | None                      | 15 minutes  | Physician/Nurse on  |  |  |
| consultation/ health            | through voice call         |                           |             | duty  |  |  |
| counselling                     |                            |                           |             |   |  |  |
| 4. Evaluate services            | Encourage client to        |                           |             | Ngiting Normal  |  |  |
|                                 | accomplish NNP             |                           |             | Client Satisfaction   |  |  |
|                                 | Survey Form                |                           |             | Survey  |  |  |
|                                 |                            | None                      |             | 回鉄回   |  |  |
|                                 |                            |                           | 2 minutes   | 100 A |  |  |
|                                 |                            |                           |             |   |  |  |
|                                 |                            |                           |             | Linkshttnas//nnn nass   |  |  |
|                                 |                            |                           |             | Link:https://nnp.pnu<br>.edu.ph/  |  |  |
|                                 | <u> </u>                   | Total                     | Total       | .euu.pii/   |  |  |
|                                 |                            | Amount                    | Transaction |   |  |  |
|                                 |                            | to be                     | Time        |   |  |  |
| END OF TRANS                    | ACTION                     | Paid                      | 23 Minutes  |   |  |  |
| None                            |                            |                           |             |   |  |  |



### # Service: Medical Services (Dental Online Consultation)

| Office or Division:  | UNIVERSITY HEALTH SERVICES   |  |                     |  |
|--|--|--|---------------------|--|
| Classification:  | SIMPLE   |  |                     |  |
| Type of Transaction:   | G2C- Government to Client  |  |                     |  |
| Who may avail:   | Students, Teaching   | and Non-T                                  |                     |  |
| CHECKLIST OF REG   | UIREMENTS  |  | WHERE TO            | SECURE   |
| 1. ID  |  |  |                     |  |
| CLIENT STEPS   | AGENCY<br>ACTIONS  | FEES<br>TO BE<br>PAID                      | PROCESSI<br>NG TIME | PERSON<br>RESPONSIBLE  |
| For Online Dental Consultation:  Fill up google form for schedule of online consultation | Inspect validity of uploaded scanned copy of ID or registration form | None                                       | 3 minutes           | Clinic staff on duty   |
| 2. Check email/messenger/tx t message for assigned schedule of online consultation       | Records schedule and inform Dentist                                  | None                                       | 3 minutes           | Clinic staff   |
| 3. Received voice call/messenger call for dental consultation                            | Provide dental consultation through voice call                       | None                                       | 15 minutes          | Dentist  |
| <b>4.</b> Evaluate services  | Encourage client to<br>accomplish NNP<br>Survey Form                 | None                                       | 2 minutes           | Ngiting Normal Client Satisfaction Survey  Link:https://nnp.pnu .edu.ph/ |
| END OF TRANS   | Total<br>Amount<br>to be<br>Paid<br>None                             | Total<br>Transaction<br>Time<br>14 Minutes | ,                   |  |