



Internal/External

18. SERVICENAME: HEALTHY LIFESTYLE DISEASES (Visual Acuity Screening)

Description of the Service: To assess an individual’s ability to see objects clearly at a standard distance, using Snellen Chart and Eye Occluder.

| | | | | |
|--|---|------------------------|------------------------|--|
| Office or Division: | City Health Office/ Blindness Prevention Program Coordinator. | | | |
| Classification: | Simple | | | |
| Type of Transaction: | Government Citizens/Client | | | |
| Who may avail: | ALL | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Visual acuity screening form | | City Health Office | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Go to admitting section for registration and proceed to Blindness Prevention Program Coordinator. | Interview client/patient and register to masterlist. | None | 2 minutes | Wilson Alamo Admin Aide III Johnny Peralta Admin Aide I or Guard on Duty |
| 2. Submit visual acuity screening form. | Receive the required documents for recording and reporting | None | 3 minutes | Karla Grace M. Pararuan Nurse III |
| 3. Receive the visual acuity screening form using this Snellen chart | Give necessary instructions or advice | None | 10 minutes | Karla Grace M. Pararuan Nurse III |



| | | | | |
|---|--|------|------------|---|
| | | | | |
| 4. Assess patient and refer if necessary. | The in-charge personnel will sign the form for filling | None | 2 minutes | Karla Grace M. Pararuan Nurse III |
| TOTAL | | | 17 minutes | |