



Republic of the Philippines
City of Tagbilaran
City Hall, Tagbilaran City, 6300 Bohol

REQUEST FOR QUOTATION Procurement of Goods [Cards and Others]

The City Government of Tagbilaran, through the Appropriation Ordinance No. 18-05 for FY 2019, intends to apply the sum of Four Hundred Forty Two Thousand Five Hundred Pesos only (Php442,500.00) being the Approved Budget for the Contract (ABC) to payments under the contract for Quotation No. 1902-72. Quotations from suppliers received in excess of the ABC shall be automatically rejected.

The City Government of Tagbilaran now invites suppliers to quote for **10,000 pcs. Food Handler's Health Card – size: 3.75"x2.75", color: yellow; 10,000 pcs. Non-Food Handler's Health Card – size: 3.75"x2.75", color: mint green and OTHERS** for the **CHO, Tagbilaran City**. Delivery of the Goods is required within 45 Calendar Days after receipt of Purchase Order. Suppliers should have completed, within 24 months from the date of submission and receipt of quotations, a contract similar to the Project. The description of an eligible supplier is contained in the Bidding Documents, particularly, in Section 11, Instruction to Bidders.

Quotation for Goods will be conducted through open competitive procedures as specified in the Implementing Rules and Regulations (IRR) of Republic Act (RA) 9184, otherwise known as the "Government Procurement Reform Act".

Quotation for the Goods is open to all interested suppliers, whether local or foreign, subject to the conditions for eligibility provided in the IRR of RA 9184.


Interested suppliers may obtain further information from the City Government of Tagbilaran at the address given below during 8:00 AM - 5:00 PM Monday to Friday only except holidays.

A set of Request for Quotation be purchased by interested Suppliers on February 6 - 13, 2019 from the address below and upon payment of a non-refundable fee in the amount of **P150.00**.

Quotations must be delivered to the address below on or before February 13, 2019 at 5:00 PM.

Request for Quotations will be opened and the lowest quotation for the goods will be awarded the supply of the goods to be procured at the BAC Office, GEO, Tagbilaran City. Late quotations shall not be accepted.

The City Government of Tagbilaran reserves the right to accept or reject any quotations, to annul the awarding process and to reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected suppliers.


CATHELYN O. TORREMOCHA
BAC Chairman

IMPORTANT

THIS HEALTH CERTIFICATE IS NON-TRANSFERABLE.

ALWAYS WEAR YOUR CERTIFICATE IN THE UPPER LEFT SIDE FRONT PORTION OF YOUR GARMENT WHILE WORKING.

VALID ONLY UNTIL THE NEXT DATE OF EXAMINATION, AS INDICATED BELOW.

Date of Issuance _____ Date of Expiration _____

HEALTH EXAMINATION

DATE	B/P	DATE OF EXP

X- RAY

DATE	PLACE	RESULT

STOOL EXAM

DATE	PLACE	RESULT

EHS FORM NO. 102- A



Republic of the Philippines
City Health Office
Tagbilaran City

Reg. No. _____

HEALTH CERTIFICATE

Pursuant to the provision of P. D. 522, P. D. 856 and City Ord. No. _____, s. _____, this Certificate is issued for

NAME: _____

OCCUPATION: _____

AGE: _____ SEX: _____ NATIONALITY: _____

PLACE OF WORK: _____

I. D.
PICTURE
1 X 1

Signature

Sanitation Inspector
JEIJA N. POLODOC, MD
LIC No. 01107854

City Health Officer

REFERRAL

PROBLEMS IDENTIFIED AND ACTION TAKEN BY THE MIDWIFE (INDICATE DATE)



(Empty space for recording problems and actions taken by the midwife)









(FINDINGS, ACTION TAKEN, AND INSTRUCTIONS FROM REFERRAL CENTER)

(Empty space for recording findings, actions taken, and instructions from the referral center)

POSTPARTUM CARE

Y = YES N = NO

 REFER TO HOSPITAL
 REFER TO PHYSICIAN/RHU

TIMING OF POSTPARTUM VISITS	HOME VISITS			CLINIC VISIT
	24 HOURS	1 WEEK	2-4 WEEKS	
DATE VISITS				
EXCLUSIVE BREASTFEEDING (Y/N)				
INTENDS TO USE FAMILY PLANNING (Y/N)				
FEVER > 39°C (Y/N)				
FOUL SMELLING VAGINAL DISCHARGE				
EXCESSIVE BLEEDING (Y/N)				
PALLOR (Y/N)				
CORD OK? (Y/N)				

VITAMIN A 200,000 IU Y/N

IRON/FOLATE DATE/ #

BREASTFEEDING IS BEST FOR YOUR BABY SPACING BIRTHS MORE THAN 24 MONTHS APART WILL ENSURE YOUR HEALTH OF YOUR CHILDREN.

FAMILY PLANNING

DATE OF FOLLOW UP	DATE OF VISIT	METHOD	QUANTITY GIVEN	REMARKS:



HOME BASED MOTHER'S RECORD

ALWAYS BRING THIS CARD WHEN YOU VISIT A HEALTH FACILITY

BLOOD TYPE: _____ FAMILY SERIAL NO: _____

NAME: _____

ADDRESS: _____

DATE TETANUS TOXOID GIVEN

1	2	3
4		5

AGE: _____ yr.

HEIGHT: _____ cm.




below 18	18-24	35+
below 145 cm	145 cm & above	

OBSTETRICAL HISTORY:

NUMBER OF PREVIOUS PREGNANCIES	0	1	2	3	*4+
PREVIOUS CAESAREAN SECTION				NO	YES
3 CONSECUTIVE MISCARRIAGES				NO	YES
STILL BIRTH				NO	YES
POST-PARTUM HEMORRAGE				NO	YES



PRESENT HEALTH PROBLEMS:

TUBERCULOSIS (14 DAYS + OF COUGH)	NO	YES
HEART DISEASE	NO	YES
DIABETES	NO	YES
BRONCHIAL ASTHMA	NO	YES
GOITER	NO	YES
IODINE SUPPLEMENTATION IN HIGH RISK AREAS	NO	YES


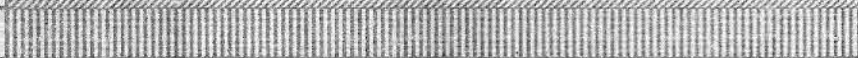

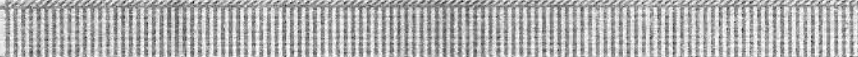





 = REFER TO PHYSICIAN/RHU (AND FOLLOW UP)
 = CLOSE OBSERVATION OR ACTION BY MIDWIFE
 = HOSPITAL DELIVERY RECOMMENDED

* You may wish to consider a permanent method of Family Planning

PRESENT PREGNANCY

 = IMMEDIATE REFERRAL TO HOSPITAL
 = REFERRAL TO PHYSICIAN/RHU

LMP: month _____ day _____ year _____ EDC: month _____ day _____ year _____

TRIMESTER	1ST	2ND			3RD			
AOG IN MONTHS	2 OR 3	4	5	6	7	8	9	
DATE OF THIS VISIT								
VAGINAL BLEEDING (Y/N)								⊕
URINARY TRACT INFECTION (Y/N)								
WEIGHT: INKG.								
BLOOD PRESSURE								
BP 140/90 AND ABOVE (Y/N)								⊕
FEVER 39° AND ABOVE (Y/N)								
PALLOR (Y/N)								
ABNORMAL FUNDAL HEIGHT (Y/N)								⊕
			20 CMS.	21-24 CMS.	25-28 CMS.	29-30 CMS.	30-34 CMS.	
ABNORMAL PRESENTATION (Y/N)								⊕
MISSING FETAL HEARTBEAT (Y/N)								⊕
EDEMA (Y/N)								
VAGINAL INFECTION (Y/N)								
LAB TEST RESULTS (e.g. HGB, URINE, VDRL)								

ACTION:

IRON/FOLATE #/RX							
MALARIA PROPHYLAXIS (Y/N)							
MOTHER INTENDS TO BREASTFEED? (Y/N)							
ADVICE ON 4 DANGER SIGNS (Y/N)							
DENTAL CHECK-UP? (Y/N)							
EMERGENCY PLANS AND PLACE OF DELIVERY (Y/N)							
RISK? (Y/N)							
DATE OF NEXT VISIT							

LABOR & DELIVERY:

IMMEDIATE BREASTFEEDING (Y/N)		BIRTH WEIGHT IN GRAMS	
TYPE OF DELIVERY		POST-O PARTUM HEMORRHAGE 500 CC + (Y/N)	
DATE OF DELIVERY		BABY ALIVE (Y/N)	
PLACE OF DELIVERY		BABY HEALTHY (Y/N)	

A SIGNS OF DANGER DURING PREGNANCY:

1. ANY TYPE OF VAGINAL BLEEDING
2. PUFFINESS OF THE FACE AND HANDS
3. HEADACHE, DIZZINESS, BLURRED VISION
4. BEING PALE OR ANEMIC

MALARIA PROPHYLAXIS
 CHLOROQUINE 150 mg base
 Per tablet, 2 tablets per week

IRON FOLATE
 60 mg tablet, 2 tablets daily
 for 125 days

