



Escala Médica

Unidade: Cais Finsocial

Mês de Referência: FEVEREIRO – 2026

TOTAL DE PROFISSIONAIS CLÍNICOS:
TOTAL DE PROFISSIONAIS PEDIATRIA:

TOTAL DE PROFISSIONAIS CLINICOS:
TOTAL DE PROFISSIONAIS PEDIATRIA :

LEGENDA:

	LC – Licença ou Atestado médico			
/C- Cinderela	LP- Licença Prêmio	CRM- Conselho Regional de Medicina	CHT - Carga Horária Trabalhada	
SD- Serviço Diurno	LM - Licença maternidade	CG - Clínico Geral	SHT- Saldo de horas total	
SN- Serviço Noturno	CD- Complementação diurno	PED - Pediatra	SHA- Saldo de horas anteriores	
HM – Horizontal Matutino	CN- Complementação noturno	O - Ortopedia	SMS - Secretaria Municipal de Saúde	
HV – Horizontal Vespertino	/ – 8 horas diárias	CHM - Carga horária do mês	CR - Credenciamento	
FE – Férias	F – Folga	SHM- Saldo de horas no mês		

SD

[illegible]

 PREFEITURA DE GOIÂNIA					PREFEITURA DE GOIÂNIA SECRETARIA MUNICIPAL DE SAÚDE DIRETORIA DE ATENÇÃO À SAÚDE GERÊNCIA DE URGÊNCIA																																		
Distrito Sanitário: Noroeste										Unidade:Cais Finsocial																													
Escala da Farmácia										Mês de Referência: FEVEREIRO – 2026																													
Diurno																																							
	Nome do Profissional	Categoria	CRF	Matricula	Vínculo	1 D	2 S	3 T	4 Q	5 Q	6 S	7 S	8 D	9 S	10 T	11 Q	12 Q	13 S	14 S	15 D	16 S	17 T	18 Q	19 Q	20 S	21 S	22 D	23 S	24 T	25 Q	26 Q	27 S	28 S	CHM	CHT	SHM	SHA	SHT	
1	Carlos Antônio de Oliveira	Agente Adm		110272- 01	SMS	SD		SD		SD		SD		SD		SD		SD		SD		SD		SD		SD		SD		SD		SD							
2	Manoela Martins Ramos Paixão	Agente Adm		0728829 - 01	SMS		SD			SD		SD					SD		SD						SD			SD				SD		SD					
1	Andreia Dias de Oliveira Damaso	Farmacêutico	17840	1501330 – 01	CRED	SD			SD				SD			SD				SD					SD						SD			SD					
2	Paula Andreia Augusta Saraiva	Farmacêutico	4535	1501372 - 02	CRED		SD			SD			SD			SD				SD			SD			SD			SD		SD	SD							
3	Sandra da Silva Queiroz	Farmacêutico	15782	1453319 - 01	CRED			SD			SD			SD			SD			SD			SD			SD			SD			SD							
TOTAL DE FARMACÊUTICOS:						1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
TOTAL DE AUXILIARES DE FARMÁCIA:						1	0	1	0	1	0	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	
Noturno																																							
	Nome do Profissional	Categoria	CRF	Matricula	Vínculo	1 D	2 S	3 T	4 Q	5 Q	6 S	7 S	8 D	9 S	10 T	11 Q	12 Q	13 S	14 S	15 D	16 S	17 T	18 Q	19 Q	20 S	21 S	22 D	23 S	24 T	25 Q	26 Q	27 S	28 S	CHM	CHT	SHM	SHA	SHT	
1	Leonardo Teodoro de Farias	Farmacêutico	17632	1501313-01	CRED	SN			SN	SN		SN			SN			SN			SN			SN			SN			SN		SN							
2	Osmar Sebastião de Rezende Júnior	Farmacêutico		996750-01	SMS		SN			SN			SN			SN			SN			SN			SN			SN			SN								
3	Bruno de Almeida e Silva	Farmacêutico	5957	967238-01	SMS			SN			SN			SN			SN			SN			SN			SN			SN			SN							
TOTAL DE FARMACÊUTICOS:						1	1	0	1	1	1	1	0	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1			
TOTAL DE AUXILIARES DE FARMÁCIA:						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
OBSERVAÇÃO:																																							
/C- Cinderela		LC – Licença ou Atestado Médico										SF- Sítio Funcional																											
SD- Serviço Diurno		LP- Licença Prêmio										CRBM- Conselho Regional de Biomedicina																											
SN- Serviço Noturno		LM - Licença Maternidade										CRF - Conselho Regional de Farmácia																											
HM – Horizontal Matutino		CD- Complementação Diurno										DZ - Jornada de 10 horas.																											
HV – Horizontal Vespertino		CN- Complementação Noturno																																					
FE – Férias		/ – 8 horas diárias																																					
F – Folga		CHT - Carga Horária Trabalhada																																					
CHM - Carga horária do mês		SHT- Saldo de horas total																																					
SHM- Saldo de horas no mês		SHA- Saldo de horas anteriores																																					



PREFEITURA DE GOIÂNIA
SECRETARIA MUNICIPAL DE SAÚDE
DIRETORIA DE ATENÇÃO À SAÚDE
GERÊNCIA DE URGÊNCIA

Distrito Sanitário: Noroeste Unidade: Cais Finsocial

Escala do Laboratório Mês de Referência: FEVEREIRO – 2026

Diurno

	Nome do Profissional	Categoria	Matricula	Conselho	Vínculo	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	CHM	CHT	SHM	SHA	SHT	
						D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S						
1	Rodrigo de Oliveira Quintanilha	assessor	1302086-01	xxx	CRED	SD					SD		SD				SD		SD		SD				SD		SD				SD		SD						
2	Iracema de Jesus Rosa	Ag. Apoio Adm	998745-01	xxx	SMS		SD			SD		SD		SD				SD		SD				SD		SD		SD				SD							
3	Cleonice Francisca dos Reis	téc enf			CRED		SD			SD			SD			SD			SD			SD			SD			SD			SD								

TOTAL DE ADM						1	1			1	1	1	1	1			1	1	1	1	1			1	1	1	1	1			1	1	1				
TOTAL DE BIOMÉDICOS:						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
TOTAL DE TÉCNICOS DE LABORATÓRIO:						0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0				
TOTAL DE AUXILIARES DE COLETA:						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

Noturno

	Nome do Profissional	Categoria	Matricula	Conselho	Vínculo	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	CHM	CHT	SHM	SHA	SHT
						D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S					
1	Héber Lúcio Santos	téc lab	9100	970859 - 01	SMS			SN		SN		SN			SN		SN		SN		SN		SN		SN			SN			SN							
2	Paulo de Oliveira Almeida	téc lab	48358	1031066 - 01	SMS	SN			SN		SN		SN			SN		SN		SN		SN		SN		SN			SN			SN						
3	Suzana Dutra Mendanha	téc lab	326	538353 - 01	SMS		SN			SN		SN			SN			SN			SN		SN		SN			SN			SN							

TOTAL DE BIOMÉDICOS:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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OBSERVAÇÃO:

/C- Cinderela	LC – Licença ou Atestado Médico	SF- Sítio Funcional	
SD- Serviço Diurno	LP- Licença Prêmio	CRBM- Conselho Regional de Biomedicina	
SN- Serviço Noturno	LM - Licença maternidade	CRF - Conselho Regional de Farmácia	
HM – Horizontal Matutino	CD- Complementação diurno	MS - Ministério da Saúde	
HV – Horizontal Vespertino	CN- Complementação noturno	HO - HOME OFFICE	
FE – Férias	/ – 8 horas diárias		
F – Folga	CHT - Carga Horária Trabalhada		
CHM - Carga horária do mês	SHT- Saldo de horas total		
SHM- Saldo de horas no mês	SHA- Saldo de horas anteriores		

 PREFEITURA DE GOIÂNIA		PREFEITURA DE GOIÂNIA SECRETARIA MUNICIPAL DE SAÚDE DIRETORIA DE ATENÇÃO À SAÚDE GERÊNCIA DE URGÊNCIA																																								
Distrito Sanitário: Noroeste						Unidade: Cais Finsocial																																				
Escala Multiprofissional						Mês de Referência: FEVEREIRO– 2026																																				
Diurno																																										
	Nome do Profissional	Categoria	Conselho	Matricula	Vínculo	1 D	2 S	3 T	4 Q	5 Q	6 S	7 S	8 D	9 S	10 T	11 Q	12 Q	13 S	14 S	15 D	16 S	17 T	18 Q	19 Q	20 S	21 S	22 D	23 S	24 T	25 Q	26 Q	27 S	28 S	CHM	CHT	SHM	SHA	SHT				
1	Jaciara Félix Rodrigues	Ass. social	3119	975265 - 01	SMS		SD			SD			SD			SD			SD			SD			SD			SD			SD											
2	Mariza Moura do Nascimento	Ass. social	3350	204811 - 03	SMS	SD			SD			SD			SD			SD			SD			SD			SD			SD			SD									
3	Rachel Barreto Ramos Silva	Ass. social	3442	969826 - 01	SMS	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC						
4	Janaína Sardinha Barros	Psicóloga	09/005250	972630 - 01	SMS		HM		SD		SD	HM		SD				SD	HM		SD				SD	HM		SD				SD	HM									
TOTAL DE PSICÓLOGOS:						0	0	1	0	1	0	0	0	1	1	0	1		0	0	1	1	0	1	0	0	0	1	1	0	1	0	0									
TOTAL DE ASSISTENTES SOCIAIS:						0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0						
OBS																																										
/C- Cinderela		LC – Licença ou Atestadomédico																																								
SD- Serviço Diurno		LP- Licença Prêmio										SHA - Saldo de horas anteriores																														
SN- Serviço Noturno		LM - Licença maternidade																																								
HM – Horizontal Matutino		CD- Complementação diurno																																								
HV – Horizontal Vespertino		CN- Complementação noturno																																								
FE + Férias		/ – 8 horas diárias																																								
F – Folga		CHT - Carga Horária Trabalhada																																								
CHM - Carga horária do mês		SHT- Saldo de horas total																																								



PREFEITURA
DE GOIÂNIA

PREFEITURA DE GOIÂNIA
SECRETARIA MUNICIPAL DE SAÚDE
DIRETORIA DE ATENÇÃO À SAÚDE
GERÊNCIA DE URGÊNCIA

Distrito Sanitário:Noroeste

Unidade: Cais Finsocial

Escala da Radiologia

Mês de Referência: FEVEREIRO– 2026

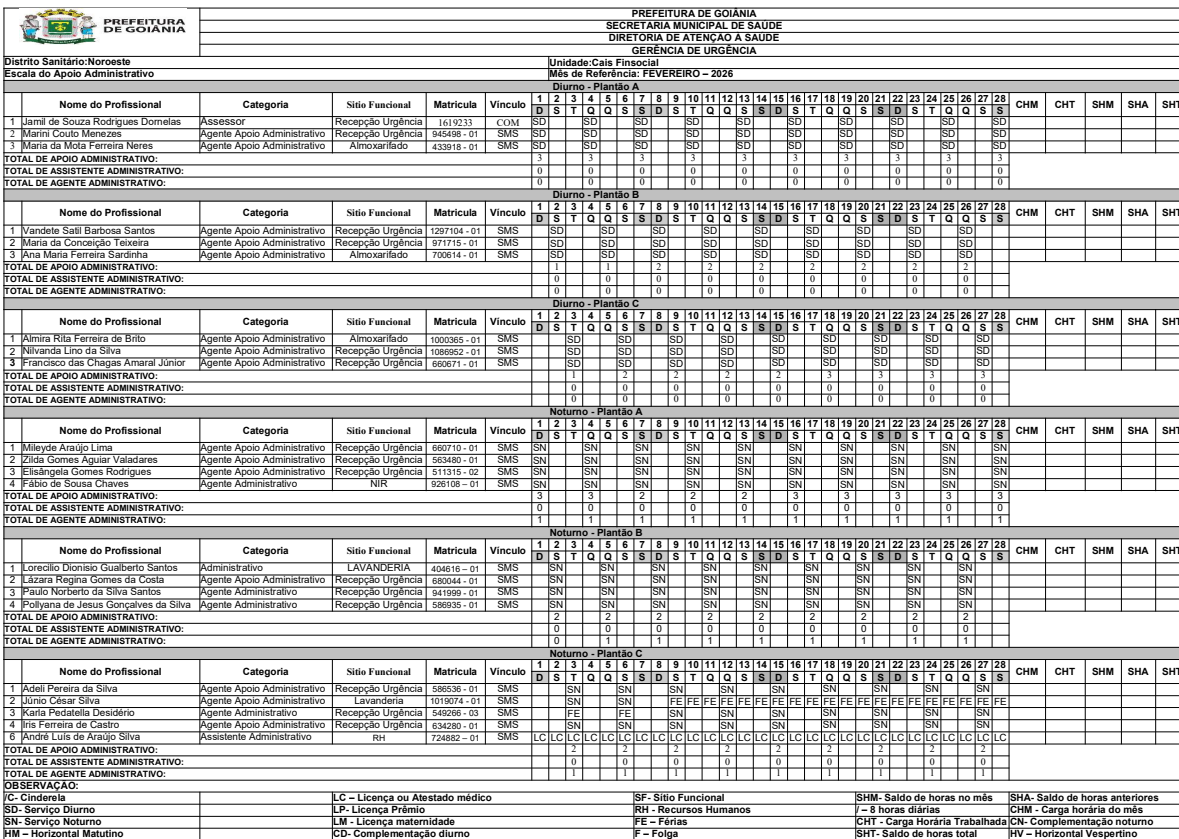
Diurno

	Nome do Profissional	Categoria	CRTR	Matricula	Vínculo	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	CHM	CHT	SHM	SHA	SHT
						D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S					
1	Isac Vieira da Silva	TÉC RADIOLOGIA	987	725110 - 01	SMS		SD	SD						SD	SD						SD	SD						SD	SD									
2	Jane Aparecida Da Silva	TÉC RADIOLOGIA	07670T	1437100 – 02	CRED						SD	SD						SD	SD							SD	SD					SD	SD					
3	Reginaldo Antônio de Camar	TÉC RADIOLOGIA	06531T	536443 – 01	SMS				SD	SD						SD	SD						SD	SD						SD	SD							
TOTAL DE TÉCNICOS DE RADIOLOGIA							2	2	2	2				2	2	2	2				2	2	2	2				1	2	2	2							

Noturno

	Nome do Profissional	Categoria	CRTR	Matricula	Vínculo	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	CHM	CHT	SHM	SHA	SHT
						D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S	D	S	T	Q	Q	S	S					
1	Jackson Freitas Barbosa	TÉC RADIOLOGIA	654	695734- 01	SMS			SN		SN					SN		SN						SN		SN					SN		SN						
2	Jerônimo Francisco Pereira d	TÉC RADIOLOGIA	515	618489 - 01	SMS	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE	FE		SN			SN								
3	João Henrique Guimarães	TÉC RADIOLOGIA	2966	617130 - 01	SMS			SN				SN			SN				SN			SN				SN			SN				SN					
4	José André da Fonseca	TÉC RADIOLOGIA	483	714186 – 01	SMS					SN	SN						SN	SN						SN	SN						SN	SN						
5	Luciano Alves Gondim	TÉC RADIOLOGIA	809	693324 - 01	SMS			SN	SN						SN	SN						SN	SN						SN	SN								
TOTAL DE TÉCNICOS DE RADIOLOGIA								2	2	1	2	1			2	2	1	1	1			2	2	1	2	1		1	2	2	2	2	1					

/C- Cinderela	LC – Licença ou Atestado médico	SF- Sítio Funcional	
SD- Serviço Diurno	LP- Licença Prêmio	CRBM- Conselho Regional de Biomedicina	
SN- Serviço Noturno	LM - Licença maternidade	CRF - Conselho Regional de Farmácia	
HM – Horizontal Matutino	CD- Complementação diurno		
HV – Horizontal Vespertino	CN- Complementação noturno		
FE – Férias	/ – 8 horas diárias		
F – Folga	CHT - Carga Horária Trabalhada		
CHM - Carga horária do mês	SHT- Saldo de horas total		
SHM- Saldo de horas no mês	SHA- Saldo de horas anteriores		





Prefeitura de Goiânia
Secretaria Municipal de Saúde
CAIS Finsocial

MEMORANDO Nº 18/2026

Prezados(as) Senhores(as), estamos encaminhando as Escalas do Cais Finsocial - Urgência e Emergência de Fevereiro de 2026, sem mais para o momento.

Goiânia, 20 de janeiro de 2026.



Documento assinado eletronicamente por **Leda Andrade Pereira de Alencastro Teixeira, Coordenadora Geral de Unidade**, em 20/01/2026, às 17:20, conforme art. 1º, III, "b", da Lei 11.419/2006.



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- Bairro Setor Finsocial
CEP 74473-580 Goiânia-GO

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