



CHECKLIST OF REQUIREMENTS FOR ISSUANCE OF APPOINTMENT

Fill up the required listed forms & gather your documents in order of the checklist & submit to our office on or before _____ . Please submit the checked ☒ items.

Type of Appointment:

☐ New Appointment ☒ Renewal ☐ Promotion ☐ Others

Name of Appointee: DHENBER C. LUSANTA

Office/Unit/Department: Eco-FARM

I. Government forms for completion:

- 1 ☒ Personal Data Sheet -PDS CSC Form 212 (Revised 2017) w/ 2 ID picture (latest)
Note: If this PDS form is generated in ecopy, it must be in the long size bond paper, in 4 pages with 2 sheets (attach work experience sheet) in 2 copies
- 2 ☒ Position Description Form (PDF) in 2 copies
Note: Must be signed by the head of office
- 3 ☒ Oath of Office in 2 copies
Note: Signed by the Head of Agency
- 4 ☐ Certificate of Nepotism in 2 copies
Only applicable to administrative position
- 5 ☒ Certificate of Assumption to Duty in 2 copies
Note: Must be signed by the immediate supervisor or head of office
- 6 ☐ Statement of Assets & Liabilities (SALN) in 2 copies
Note: Must be notarized and latest SALN

REMARKS

DATE RECEIVED

II Additional documents for submission:

- 1 ☒ Approved recommendation
- 2 ☐ NBI Clearance
- 3 ☒ Medical Certificate (blood test, urinalysis, chest x-ray, drug test)
- 4 ☐ Clearance (for transferee)
- 5 ☐ Performance Rating (IPCR)
☐ for promotion (2 rating periods)
☐ for transferee (latest rating period)
- 6 ☐ Approved transfer (for transferee)
- 7 ☐ Certification of leave credit balance (for transferee)
- 8 ☐ Service Record (for transferee)
- 9 ☐ NEURO EXAM (for Sec. Guards & new hired only)
- 10 ☐ TOR and DIPLOMA with original or authenticated copy from school in 2 copies
- 11 ☐ CSC Eligibility- (2 copies of original or authenticated copy from CSC)
- 12 ☐ License authenticated from PRC (for Security Guards, Drivers, & etc.) in 2 copies
- 13 ☐ Marriage Certificate (if applicable)
- 14 ☐ Birth Certificate (PSA)
- 15 ☐ Phil. Health No.
- 16 ☐ TIN No.
- 17 ☐ PAG-IBIG ID No.
- 18 ☐ Application Letter (Vacant position)

SIGNATURE

Verified by:

ODHRM Staff

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LUSANTA		
FIRST NAME	DHENBER	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CASTIL		
3. DATE OF BIRTH (mm/dd/yyyy)	9/24/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.68	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay ZONE 3 GUADALUPE City/Municipality Province BAYBAY CITY LEYTE
8. WEIGHT (kg)	69	ZIP CODE	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay SU-ONG CURVA City/Municipality Province ORMOC CITY LEYTE
10. GSIS ID NO.	2005019594	ZIP CODE	
11. PAG-IBIG ID NO.	121164945787		
12. PHILHEALTH NO.	13-050121547-4		
13. SSS NO.	06-3041240-8	19. TELEPHONE NO.	
14. TIN NO.	275414613	20. MOBILE NO.	09058349179
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	dclusanta@outlook.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	PANTOJA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MA. REINA LOU	NAME EXTENSION (JR., SR)	COLETTE P LUSANTA	12/31/2013
MIDDLE NAME	CAÑETE		YANN HARRIS P. LUSANTA	4/18/2016
OCCUPATION	HOUSE WIFE		DHEN YVO P. LUSANTA	4/23/2019
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUSANTA			
FIRST NAME	ISIDRO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VILLASIS			
25. MOTHER'S MAIDEN NAME				
SURNAME	CASTIL			
FIRST NAME	VIRGINIA			
MIDDLE NAME	PAJARON		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	LILLOAN ELEMENTARY SCHOOL	GRADE 1-6	6/2/1997	3/18/2002	NONE	NONE	NONE
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	6/3/2002	4/4/2006			
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A			

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Da. Valid.
	PRC AGRICULTURIST	N/A	8/25/2010	TACLOBAN CITY, LEYTE	0011629	09/24/2022
	LTO DRIVER'S LICENSE	N/A	NA	BAYBAY CITY, LEYTE	HI210000378	9/24/2024

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

20	INCLUSIVE DATES				SALARY/ JOB/ PAY		
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[illegible]

ARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
Training on Trainers on Good Agricultural Practices on Vegetable Production held at ATI-RTC 8, VSU, Baybay City, Leyte	9/23/2019	9/27/2019	40.0	Technical	Agricultural Training Institute 8
Pre-conference lecture demo on: The Science Within the Art of Mushroom Pharming in the Philippines	7/2/2019	7/2/2019	4.0	Technical	Philippine Society for the Study of Nature
19th PSSN Annual Scientific Conference (ICoNSIE 2019) organized by the Philippine Society for the study of nature	7/2/2019	7/6/2019	40.0	Technical	Philippine Society for the Study of Nature
Training-Workshop on using Open Date Kit (ODK) for Paperless Surveys	7/13/2019	7/13/2019	8.0	Technical	Visayas Socio-Economic Research and Data Analytics
2nd Regional Conference of the Society of Agricultural Educators in Region 8, Inc	6/21/2019	6/21/2019	8.0	Technical	Regional Conference of the Society of Agricultural Educators in Region 8, Inc
3rd Eastern Visayas Organic Agriculture Congress with the theme: " Organikong Pagsasaka Lalong Paunlarin.. Lupa, Kapaligiran at Kalusugan ay Pagyamanin"	7/4/2017	7/7/2017	32.0	Technical	Department of Agriculture Region 8
Workshop on developing a program proposal for abaca rehabilitation in Ormoc City, Leyte	3/9/2017	3/10/2017	16.0	Technical	Agricultural Training Institute 8
Workshop for City Commodity Investment Plan (CCIP) finalization	2/13/2017	2/17/2017	40.0	Technical	Department of Agriculture Region 8
Capability Building Training (CBT) on Investment Promotions: Focusing on Project Plan Preparation and Packaging, and the Local Investments and Incentives Code (LIIC)	10/25/2016	10/26/2016	16.0	Technical	Department of Trade and Industries
Provincial Commodity Investment Plan Enhancement Training Workshop cum Expanded Vulnerability and Suitability Analysis and Geomapping Seminar Workshop	10/10/2016	10/14/2016	40.0	Technical	Department of Agriculture Region 8
1st Eastern Visayas Vegetable Congress	8/26/2016	8/27/2016	16.0	Technical	Department of Agriculture Region 8
Training on climate smart farm business school for HVCC	8/23/2016	8/25/2016	24.0	Technical	Agricultural Training Institute 8
Coordination meeting and planning workshop for PRDP project support-Visayas	8/16/2016	8/19/2016	32.0	Technical	Department of Agriculture Region 8
1st Regional Conference of the society of Agricultural Educators Region VIII (SAE-R VIII)	9/25/2015	9/25/2015	8.0	Technical	Regional Conference of the society of Agricultural Educators Region VIII
Sustainable Land Management (SLM) Best Practices Seminar-Workshop	12/3/2014	12/3/2014	8.0	Technical	Bureau of Soils and Water Management
29th International Horticultural Congress 2014	8/17/2014	8/22/2014	48.0	Technical	Australian Centre for Internation Agricultural Research
Biometrics Refresher Course	6/24/2014	6/27/2014	32.0	Technical	Australian Centre for Internation Agricultural Research
Training on Horticultural Research, Technology Development and Commercialization	6/25/2013	6/28/2013	32.0	Technical	Department of Horticulture, Visayas State University
24th joint VICARP and RRDEN Regional Research, Development and Extension Symposium	11/23/2012	11/23/2012	8.0	Technical	Visayas State University
ACIAR-PCAARRD End-Programs in the Southern Philippines	7/3/2012	7/4/2012	16.0	Technical	Australian Centre for Internation Agricultural Research
23 Regional R and D Symposium	8/2/2011	8/3/2011	16.0	Technical	Visayas State University

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DIGITAL EDITING		Philippines Society for the Study of Nature
		Society of Agricultural Educators in region 8, Inc

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree? ☐ YES ☒ NO

b. within the fourth degree (for Local Government Unit - Career Employees)? ☐ YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? ☐ YES ☒ NO

If YES, give details: _____

b. Have you been criminally charged before any court? ☐ YES ☒ NO

If YES, give details: _____

Date Filed: _____

Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? ☐ YES ☒ NO

If YES, give details: _____

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? ☒ YES ☐ NO

If YES, give details: RESIGNED, LOOKING FOR BETTER OPPORTUNITY

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? ☐ YES ☒ NO

If YES, give details: _____

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? ☐ YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? ☐ YES ☒ NO

If YES, give details (country): _____

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group? ☐ YES ☒ NO

If YES, please specify: _____

b. Are you a person with disability? ☐ YES ☒ NO

If YES, please specify ID No: _____

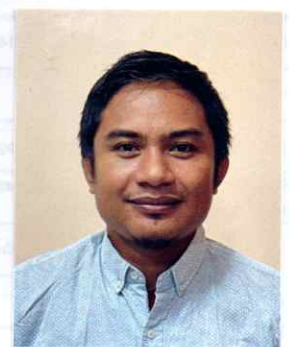
c. Are you a solo parent? ☐ YES ☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ZENAIDA C. GONZAGA	DEPT OF HORTICULTURE, VSU, BAYBAY CITY, LEYTE	9176320387

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PRC AGRICULTURIST**

ID/License/Passport No.: **0011629**

Date/Place of Issuance: **08/25/2010 TACLOBAN CITY**

Signature (Sign inside the box)

December 6, 2021

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 (Revised Version No. 1, s. 2017)		1. POSITION TITLE (as approved by authorized agency) with parenthetical title <p style="text-align: center;">INSTRUCTOR III</p>	
2. ITEM NUMBER		3. SALARY GRADE	
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Province <input checked="" type="checkbox"/> City <input type="checkbox"/> Municipality </div> <div> <input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 4th Class </div> <div> <input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special </div> </div>			
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT		6. BUREAU OR OFFICE	
VISAYAS STATE UNIVERSITY			
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK	
Eco-FARMI		VSU, BAYBAY CITY, LEYTE	
9. PRESENT APPROP	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED	12. OTHER COMPENSATION
			ACA/PERA P2,000.00
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR	
DIRECTOR-Eco-FARMI		PRESIDENT, VSU	
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED			
<i>(if more than seven (7) list only by their item numbers and titles)</i>			
POSITION TITLE		ITEM NUMBER	
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK			
Computer, printer, laptop, projector			
17. CONTACTS / CLIENTS / STAKEHOLDERS			
17a. Internal	Occasional	Frequent	17b. External
Executive / Supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General Public
Non-Supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Agencies
Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Please Specify): admin offices
18. WORKING CONDITION			
Office Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other/s (Please Specify)
Field Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION			
To conduct instruction, research and extension			
20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)			
To conduct instruction, research and extension			

21. QUALIFICATION STANDARDS			
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Relevant Masteral degree	NONE REQUIRED	NONE REQUIRED	NONE REQUIRED
21e. Core Competencies			Competency Level
1. Exemplifying Integrity and Professionalism - demonstrates high standards of professional behaviour, adhering to ethical as well as moral principles, values, and standards of public office			2
2. Delivering Service Excellence - Complies with VSU's established standards of service delivery for customer satisfaction			2
3. Communication Savy - Effectively delivers messages that simply focus on facts or information;			2
4. Interpersonal relationship management - Effectively communicates and interacts with colleagues, customers and clients, and work well in a team to achieve results			2
5. Change Adaptation - Works effectively with a variety of people and situations and adapts one's thinking, behaviour and style appropriately in dealing with change.			2
6. Gender-responsive management - Promotes gender equality and women empowerment to address gender-related problems			1
21f. Functional Competencies			Competency Level
1. Facilitating Learner Centered Environment Applies theories and psychologies to facilitate various teaching-learning delivery modes to enhance learning.			2
2. Innovative Learning Strategies - Adopts principles and develops teaching strategies by designing outcomes-based course syllabi to adapt to the changing educational landscape.			2
3. Innovative Instructional Materials Development - Designs and creates learning lessons, teaching-learning experiences that utilize innovative technologies in various learning environment.			2
4. Filipino Values Restoration- Revitalizes desirable Filipino values that are pro-God, pro-people, and pro-nature.			2
5. Publication Writing - Develops and produces scientific article for peer-reviewed journals by utilizing research outputs.			2
21g. Technical Competencies			Competency Level
Provides support and technical services for Eco-FARMI faculty and staff.			2
22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)			Competency Level
Percentage of Working Time	(State the duties and responsibilities here:)		
30%	1. Teaches assigned subjects and performs other teaching related functions, among others, the following: a. Prepares and revised teaching materials/guides and submit to department head b. Prepares and gives examinations (mid/final/long/quizzes) c. Checks test papers and returns to students one week after examination d. Submits grade sheets within prescribed period to the Registrar through the department		2
50%	2. Performs research and/or extension functions, among others the following: a. Prepares research/extension proposals b. Implements duly approved research/extension projects within time frame c. Prepares and prepares reports within the prescribed period d. Presents research/extension outputs during conferences/fora of legitimate professional organizations e. Submits output for possible publication/patenting		2
10%	3. Performs administrative functions (if applicable)		2
10%	4. Performs other functions, among others: a. Performs functions relative to committee memberships and other ad hoc assignments including related to quality assurance and other accreditation functions b. Performs other functions assigned by the department head, College Dean, Vice Presidents and the University President		2
23. ACKNOWLEDGMENT AND ACCEPTANCE:			

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.

DHENBER C. LUSANTA
Employee's Name, Date and Signature

MARIA JULIET C. CENIZA
Supervisor's Name, Date and Signature

REPUBLIC OF THE PHILIPPINES
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

OATH OF OFFICE

I, DHENBER C. LUSANTA of Ecological Farm and Resource Management Institute (Eco-FARMI) , Visayas State University, Visca, Baybay City, Leyte having been appointed to the position of Instructor III hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

DHENBER C. LUSANTA

(Signature over Printed Name of the Appointee)

Government ID: PRC ID
ID Number: 0011629
Date Issued: September 25, 2010

Subscribed and sworn to before me this _____ day of _____,
20__ in _____, Philippines.

EDGARDO E. TULIN

(Signature over Printed Name
of Person Administering the
Oath)

Republic of the Philippines
VISAYAS STATE UNIVERSITY
ViSCA, Baybay City, Leyte

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Mr. DHENBER C. LUSANTA has assumed the duties and responsibilities as Instructor III of Ecological Farm and Resource Management Institute (Eco-FARMI) effective December 1, 2021.

This certification is issued in connection with the issuance of the appointment of Mr. DHENBER C. LUSANTA as Instructor III.

Done this 1st day of December 2021 in Ecological Farm and Resource Management Institute (Eco-FARMI), VSU, Baybay City, Leyte.


MARIA JULIET C. CENIZA
Supervisor

Date: December 1, 2021

Attested by:

HONEY SOFIA V. COLIS
HRMO

201 file
Admin
COA
CSC

*For submission to CSC FO
within 30 days from the
date of assumption of the
appointee*

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

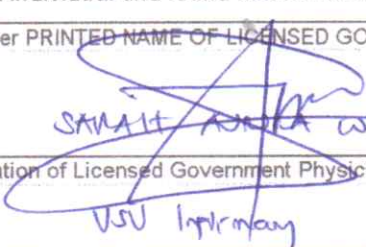
- a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ Blood Test
☒ Urinalysis
☒ Chest X-Ray
☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) LUSANTA, DHENBER CASTIL			AGENCY / ADDRESS Eco-FARM
ADDRESS Guadalupe			
AGE 72	SEX Male	CIVIL STATUS Married	PROPOSED POSITION Instructor

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  SARAH A. W. ARANA		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: USU Inpatient			
LICENSE NO. 0153151	HEIGHT (M) Bare Foot 1.69	WEIGHT (KG) Stripped 169.73	BLOOD TYPE O
OFFICIAL DESIGNATION medical officer III	DATE EXAMINED 11/25/21		

by tw
js