CS Form No. 212
Revised 2017

## **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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME CAPUNO AME EXTENSION (JR., SR) FIRST NAME **CHRISTELLE VENUS** MIDDLE NAME **FELICILDA** 3. DATE OF BIRTH 7/14/1994 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE Pls. indicate country: If holder of dual citizenship please indicate the details. 5 SEX Male ✓ Female V ✓ Single Married 17. RESIDENTIAL ADDRESS Apt 42 Kilbourne 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated VSU Campus Pangasugan Other/s: Subdivision/Villag Barangay Baybay 7. HEIGHT (m) Levte 1.63 City/Municipality Province 8. WEIGHT (kg) 70.00 ZIP CODE 6521 18. PERMANENT ADDRESS Apt 42 Kilboume 9. BLOOD TYPE B+ House/Block/Lot No Street 10. GSIS ID NO. 2006190382 VSU Campus Pangasugan Subdivision/Village Barangay Baybay City Leyte 11 PAG-IBIG ID NO 121308888625 City/Municipality Province 12. PHILHEALTH NO 01-026597931-4 ZIP CODE 6521 13. SSS NO N/A 19. TELEPHONE NO (053) 563-8935 14. TIN NO. 605-268-653 20. MOBILE NO. +639175775747 15. AGENCY EMPLOYEE NO V02058 21. E-MAIL ADDRESS (if any) christelle.capuno@vsu.edu.ph 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A 24. FATHER'S SURNAME CAPUNO AME EXTENSION (JR., SR) FIRST NAME **OTHELLO** MIDDLE NAME BATULAN JOTHER'S MAIDEN NAME SURNAME **FELICILDA** FIRST NAME **RUFINA** MIDDLE NAME LAGUMBAY (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS LEVEL YEAR UNITS EARNED (Write in full) (Write in full) GRADUATED (if not graduated) RECEIVED From To Class Valedictorian ELEMENTARY Visca Foundation Elementary School Primary Education 2001 2007 2007 Best in SECONDARY Visayas State University Laboratory High School High School 2007 2011 2011 With High Honors VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE University of Santo Tomas Bachelor of Science in Pharmacy 2011 2015 2015 None University of the East Ramon Magsaysay Memorial **GRADUATE STUDIES Doctor of Medicine** 2016 2020 2020 Medical Center Inc. None e on separate sheet if necessary) Wan SIGNATURE DATE Decemer

CAREE	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER  SPECIAL LAWS/ CES/ CSSE  RATING			DATE OF EXAMINATION / PLACE OF EXAMIN		ATION / CONFERMENT		LICENSE (if applicable)	
BAR			(If Applicable)	CONFERMENT PLACE OF EXAMIN		ATION / CONFERMENT		NUMBER *	Date of Validity
RA 5921 (Pharmacist Licensure Exam)  RA 2382 (Physician Licensure Exam)			July 18-19, 2015 Manila, I		Philippines Philippines		67549	7/14/202	
			October 30-31, November 1-2, 2021	156881			7/14/202		
	XPERIENCE ite employmen	t. Start from your recent		ontinue on separate sheet if		d Work Expe	CONTRACTOR		
	SIVE DATES n/dd/yyyy) To	POSITION TI (Write in full/Do not a		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
0/3/2022	PRESENT	Medical Offic	er III	Visayas Sta	ate University	67,005.00	21-1	Casual	Y
117/2022	6/18/2022	Annual Physical E	xam Doctor	HealthF	irst Clinic	3200/day	N/A	Temporary	N
/25/2022	6/1/2022	Annual Physical E	xam Doctor	HealthFirst Clinic		3200/day	N/A	Temporary	N
12/3/2022	12/3/2022	Annual Physical Exam Doctor		MyHealthWay Clinic		3000/day	N/A	Temporary	N
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			((	Continue on separate sheet it	necessary)				

/I. VOLUNTARY WORK OR INVOLVEMENT II	N CIVIC / NON-GOVERNMENT.	/ PEOPLE / V	OLUNTARY C	DRGANIZATION	VS		
29. NAME & ADDRESS OF OR (Write in full)	NAME & ADDRESS OF ORGANIZATION , (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK		
Alliance for Improving Health Outcomes Inc. (AIHO) Room 406, Veria 1 Building, #62		7/16/2018	7/20/2018	40.0	lmi	Immersion at Limasawa, Southern Leyte	
West Avenue, West Triangle, Quezon City 1104  UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113			3/24/2018	8.0	1	Medical Mission at Rodriguez, Rizal	
TFUC Task Force Paghihilom, Kadamay-Pandi and UERM MedKom 64 Aurora Blvd.							
nīa Imelda, Quezon City Philippines 1113		4/13/2019	4/13/2019	8.0		Medical Mission at Pandi, Bulacan	
III. I EADMING AND DEVELOPMENT A SOL			sheet if necessary	ń			
II. LEARNING AND DEVELOPMENT (L&D) I	NTERVENTIONS/TRAINING PR	THE REPORT OF THE PARTY OF THE					
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN (mm/c	E DATES OF NDANCE std/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
PCP IS ELEV18: Updates on the Management of	of Common Medical Diseases	From 3/22/2024	To 3/22/2024	8.0	Informative	Philippine College of Physicians- Eastern Visayas Cha	
Basic Life Suppor		7/12/2023	7/14/2023	12.0	Technical		
Standard First-Aid				1 1 1 1 1 1 1	140 U 14 10	Visayas State University - USHER	
PMA-UNILAB CPD/Regional Gen		7/12/2023	7/14/2023	12.0	Technical	Visayas State University - USHER	
		4/30/2023	4/30/2023	8.0	Informative	Ormoc City Medical Society	
Advanced Cardiovascular Li		5/4/2022	5/4/2022	8.0	Technical	Academy of Emergency Sciences	
Basic Life Support		5/2/2022	5/2/2022	8.0	Technical	Academy of Emergency Sciences	
COVID Crisis Care: A Cross-Disciplina		9/24/2020	9/24/2020	2.0	Informative	Metro Pacific Hospital Holdings Inc.	
Basic Life Support	16.2	12/15/2018	12/15/2018	8.0	Technical	University of the East-RMMMCI	
Basic Life Support	t	5/11/2017	5/11/2017	8.0	Technical	UST FMS Life Support Training Center	
Philippine Pharmaceutical Reser	arch Congress	2/20/2015	2/21/2015	16.0	Informative	UST Research Cluster for Natural and Applied Scie	
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						Chapter the L	
	7.05 (13.44 km, 10.56 km, 10.56 km, 13.71 km, 13.71 km, 10.56 km,	Control Con					
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			* 51 - 51-2			a not approved the regis	
III ATURA MEASURE SANCE	(Cont	linue on separate	sheet if necessary				
III. OTHER INFORMATION						<b>y</b>	
31. SPECIAL SKILLS and HOBBIES	(Write in full)				and the second	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Computer savvy	N/A					Ormoc City Medical Society	
Sports enthusiast						UERM MedKom	
Basic Korean and Italian language	and the second s						
	TABLE 2024					Faculty of Pharmacy Student Council	
			1.				
	15 360 40	inue on separate s	heet if necessary)			4	
SIGNATURE	1110	lyw/		DA	/	le becens my	

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate				
	Bureau or Department where you will be apppointed,		1.		
	a. within the third degree?	☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Care	YES V	NO		
		If YES, give details:			
0-	a Have you ever been found quilty of any administrative offer		Seva- da campon Mar dos da 134		
35.	a. Have you ever been found guilty of any administrative offer	YES V NO			
		If YES, give details:			
			7. NO		
	b. Have you been criminally charged before any court?	☐ YES ☑ NO			
		Date Filed:			
		Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of any	YES [	✓ NO		
	any court or tribunal?	If YES, give details:			
	Factor (Sept. 17 of the Sept. Sept. 12 of the Control of the Contr	Programme and the second	North Contract	cares, residence reproductivals of the	
37.	Have you ever been separated from the service in any of the		✓ NO		
	dropped from the rolls, dismissal, termination, end of term, fin in the public or private sector?	naneu contract or phaseu out (abolition)	If YES, give details:		
38.	a. Have you ever been a candidate in a national or local elect	YES V NO			
	Barangay election)?	If YES, give details:			
	b. Have you resigned from the government service during the	☐ YES ✓ NO			
	election to promote/actively campaign for a national or local of		If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent r	YES	✓ NO		
			If YES, give details (o	country):	
- 10	5 10 10 10 10 10 10 10 10 10 10 10 10 10	October District Day 100			
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p				
a.	Are you a member of any indigenous group?		☐ YES	√ NO	
		If YES, please specify:			
b.	Are you a person with disability?	YES If YES, please specify IE	✓ NO O No:		
C.	Are you a solo parent?	YES VO			
			If YES, please specify ID		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /s	appointee)			
	NAME	ADDRESS	TEL. NO.	ID pinkura kaluar wilhir	
	Dr. Kenneth E. Cantalejo	Lot 4D Blk 26 Chestnut Street West	9064872328	ID picture taken within the last 6 months 4.5 cm. X 3.5 cm	
		Fairview Subd., Fairview, Quezon City Block 33, Lot 29 Soldiers Village, Putatan		(passport size)	
	Dr. Reubenne A. Candelario	Muntinlupa City	9174759524	Computer generated	
	Lualhati M. Noriel	92 Lantican St., Jubileeville Subdivision, Brgy. Masaya, Bay, Laguna	9171793130	or photocopied picture is not acceptable	
42.	I declare under oath that I have personally accomplished	this Personal Data Sheet which is a to			
	complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent				
	agree that any misrepresentation made in this document			PHOTO	
	administrative/criminal case/s against me.		WEATHER THE STATE		
	Sovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)				
日 日 日	PLEASE INDICATE ID Number and Date of Issuance	Alla.			
G	overnment Issued ID: PRC				
10	D/License/Passport No.: 0156881	iox)			
Date/Place of Issuance: PICC, Manila (11/23/2021)  Signature (Sign inside the biggraph of the				Right Thumbmark	
LL	,	Date Accomplished		Night Hidhbillark	
	SUBSCRIBED AND SWORN to before me this	7 DFC 2024 , affiant exhibit	ing his/her validly issued go	vernment ID as indicated above.	
		Al			
		The comme			
		ATTY, RYSAN/C, GUINOCOR YSU Chief Legal Officer			
		Person Administering Oa	th		

## **WORK EXPERIENCE SHEET**

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: October 3,2022 Present
- Position: Medical Officer III
- Name of Office/Unit: University Services for Health, Emergency and Rescue (USHER)
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
  - Conduct medical and physical examination of new and old students and employees, conduct medical consultation for OPD patients
  - Admit patients and do necessary follow-up and referrals when needed
  - o Create health programs and organize and conduct health promotion activities
- Summary of Actual Duties
  - Conduct medical and physical examination of students and employees
  - Consult/admit patients and perform necessary follow-up and referrals when needed
  - Organize and conduct health promotion activities
- Duration: June 17-18, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Interpret laboratory results of employees,
  - Recommend employees if fit to work
  - Refer patients with abnormal results to the appropriate specialist
- Summary of Actual Duties
  - Conduct Annual Physical Exam to the UNILAB employees

- Duration: May 25, 2022 June 1, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Interpret laboratory results of employees
  - Recommend employees if fit to work
  - Refer patients with abnormal results to the appropriate specialist
- Summary of Actual Duties
  - Conduct Annual Physical Exam to the UNILAB employees
- Duration: December 3, 2021
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: MyHealthWay Clinic
- Name of Agency/Organization and Location: MyHealthWay Clinic, St. Patrick's Square, 566
   Shaw Boulevard, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Conduct annual physical exam including pap smear and DRE
- Summary of Actual Duties
  - Conduct Annual Physical Exam to construction workers

(Signature over Printed Name of Employee/Applicant)

Date: 12/16/14