

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Ms. REVELYN G. KATIGBAK

You are hereby appointed as Sanitation Inspector I SG-6 under
(Position Title)

Permanent status at the Office of the Municipal Health with a compensation rate of Sixteen Thousand
(Permanent, Temporary, etc.) **(Office/Department/Unit)**

Eight Hundred Seventy Seven Pesos (P 16,877.00) per month.

The nature of this appointment is Original vice Newly Created
(Original, Promotion, etc.)

who was Vacant with Plantilla Item No. 93.
(Transferred, Retired, etc.)

This appointment shall take effect on the date of signing by the appointing authority.

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

September 16, 2022
Date of Signing

CSC ACTION:

DRY SEAL

THIS APPOINTMENT EXCEPT IN THE ALTERNATION WAS AUTHORIZED BY THE COMMISSION

Authorized Official
Date

(Stamp of Date Release)

Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from August 24, 2022 to September 8, 2022 and posted in CSC-FO Batangas, Public Market, Office Lobby from August 24, 2022 to September 8, 2022 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 9, 2022.



GALLY D. TIPAN

OIC- Mun. Human Resource Management Officer

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on September 13, 2022.


JANET MAGPANTAY ILAGAN

Municipal Mayor

CSC Notation

Original Copy - for the Appointee	Original Copy - for the Civil Service Commission	Original Copy - for the Agency
RECEIVED	RECEIVED	RECEIVED
Date of signing	Date of signing	Date of signing
RECEIVED	RECEIVED	RECEIVED

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Acknowledgement

Original Copy - for the Appointee
Original Copy - for the Civil Service Commission
Original Copy - for the Agency

Received original/photocopy of appointment on September 16, 2022

REVELYN G. KATIGBAK
Appointee

CS Form No. 33-A
Revised 2018



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Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



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(Original, Promotion, etc.)

who was Vacant with Plantilla Item No. 93.
(Transferred, Retired, etc.)

This appointment shall take effect on the date of signing by the appointing authority.

Very truly yours,

Subject to six (6) months
probationary period

JANET MAGPANTAY ILAGAN
Municipal Mayor

September 16, 2022
Date of Signing

CSC ACTION: APPROVED

[DRY SEAL]

LILY BETH L. MAJOMOT

Director II

Authorized Official

Date

SEP 28 2022

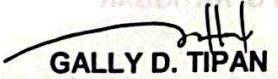
OCT 04 2022

(Stamp of Date Release)

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Municipal Mayor

CSC Notation

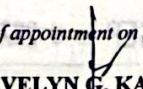
Original copy to Appointee	Original copy to CSC
Original copy to Civil Service Commission	Original copy to Agency
Original copy to CSC	Original copy to CSC
Original copy to CSC	Original copy to CSC
Original copy to CSC	Original copy to CSC
Original copy to CSC	Original copy to CSC

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Original Copy - for the Appointee
Original Copy - for the Civil Service Commission
Original Copy - for the Agency

Acknowledgement

Received original/photocopy of appointment on September 16, 2022


REVELYN G. KATIGBAK
Appointee

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	KATIGBAK		
FIRST NAME	REVELYN		
MIDDLE NAME	GA-AS		
3. DATE OF BIRTH (mm/dd/yyyy)	08/13/1974	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: ▼
4. PLACE OF BIRTH	POB. TAGBINA SURIGAO DEL SUR	If holder of dual citizenship, please indicate the details	
5. SEX	<input type="checkbox"/> Male <input checked="" 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:	17. RESIDENTIAL ADDRESS	N/A KAPALARAN House/Block/lot No. Street N/A III Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
7. HEIGHT (m)	1.60m	ZIP CODE	4223
8. WEIGHT (kg)	54kg	18. PERMANENT ADDRESS	N/A KAPALARAN House/Block/lot No. Street N/A III Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	4223
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-BIG ID NO.	121187802018	20. MOBILE NO.	09305030818 / 09533770879
12. PHILHEALTH NO.	092008572374	21. E-MAIL ADDRESS (if any)	revelynkatigbak13@gmail.com
13. SSS NO.			
14. TIN NO.	3368372050000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	KATIGBAK	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	REY	NAME EXTENSION (JR., SR.) N/A	JEAN GABRIEL G. KATIGBAK 03/28/2009
MIDDLE NAME	OSEÑA		TERES CATHERINE G. KATIGBAK 10/15/2010
OCCUPATION	DRIVER		FRANCES ISABELLE G. KATIGBAK 06/27/2014
EMPLOYER/BUSINESS NAME	N/A		NOTHING FOLLOWS
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	9097874859		
24. FATHER'S SURNAME	GA-AS		
FIRST NAME	RICARDO	NAME EXTENSION (JR., SR.) N/A	
MIDDLE NAME	QUIBOD		
25. MOTHER'S MAIDEN NAME			
SURNAME	VERAS		
FIRST NAME	CATALINA		
MIDDLE NAME	CAMPOS		

(Continue on separate sheet if necessary)

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	TAGBINA CENTRAL ELEM. SCHOOL	PRIMARY EDUCATION	1980	1986	GRADUATED	1986	5TH HONOR	
SECONDARY	TAGBINA BAROBO NAT'L AGRICULTURAL HIGH SCHOOL	HIGHSCHOOL	1986	1991	GRADUATED	1991	N/A	
VOCATIONAL / TRADE COURSE	UNIVERSITY OF THE IMMACULATE CONCEPTION	PHARMACY AIDE	1991	1993	GRADUATED	1993	N/A	
COLLEGE	UNIVERSITY OF THE IMMACULATE CONCEPTION	BACHELOR OF SCIENCE IN NUTRITION AND DIETETICS	1993	1997	GRADUATED	1997	N/A	
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

(Continue on separate sheet if necessary)

SIGNATURE	REVELYN	AU	DATE	January 10, 2023
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CS FORM 212 (Revised 2017), Page 1 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NO-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29.	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

(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/civic)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORIENTATION ON FOOD SAFETY FOR FWBD-PCP COORDINATORS	10/24/2022	10/24/2022	7 HOURS		DEPARTMENT OF HEALTH
	TRAINING ON WATER SAFETY PLAN REVIEW AND APPROVAL PROCESS	9/19/2022	9/23/2022	40 HOURS		DEPARTMENT OF HEALTH
	PUBLIC HEALTH IMPACT OF INTERVENTION TO ARSENIC CONTAMINATION OF WATER	7/26/2022	7/26/2022	6 HOURS		PHILIPPINE SOCIETY OF SANITARY ENGINEERS, INC.
	DOH PRIMARY CARE WORKER'S ONLINE ORIENTATION	3/10/2022	3/10/2022	8 HOURS		DEPARTMENT OF HEALTH
	ADOLESCENT REPRODUCTIVE HEALTH AND WATER SANITATION AND HYGIENE (WASH)	07/30/2019	07/30/2019	4 HOURS		OPLAN KALUSUGAN SA DepED
	TRAINING ON DENGUE VECTOR SURVEILLANCE IN SUPPORT TO INTEGRATED VECTOR MANAGEMENT	08/13/2019	08/14/2019	14 HOURS		MUNICIPAL HEALTH OFFICE (MATAASNAKAHOY)
	NOTHING FOLLOWS					

(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)
COMPUTER LITERATE			N/A		N/A
SPORTS (VOLLEYBALL)			N/A		N/A
N/A			N/A		N/A
N/A			N/A		N/A

(Continue on separate sheet if necessary)
SIGNATURE
DATE
January 10, 2023

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?
b. within the fourth degree (for Local Government Unit - Career Employees)?

YES NO

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:

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.
KARLA MANALO CARAAN MD.	RHU MATAASNAKAHOY, BATANGAS	402-7876
JOCELYN D. MARALIT RM.	RHU MATAASNAKAHOY, BATANGAS	402-7876



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.

Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC ID

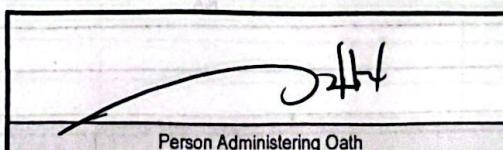
ID/License/Passport No.: 0010100

Date/Place of Issuance: 11/18/2021

Signature (Sign inside the box)
JANUARY 10, 2023
Date Accomplished



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



Person Administering Oath

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: July 06, 2022 - PRESENT
- Position: Health Aide
- Name of Office/Unit: Municipal Health Office
- Immediate Supervisor: Dr. Karla M. Caraan
- Name of Agency/Organization and Location: LGU of Mataasnakahoy, Mataasnakahoy Batangas
- List of Accomplishments and Contributions (if any)
 - Assisted Sanitation Inspector in dengue case finding, search and destroy program and larval survey
 - Assisted in issuance of Sanitary permit and Health cards
 - Assisted in misting operation to barangays with dengue cases.
 - Assisted Sanitation Inspector in water quality monitoring (ARSENIC LEVEL)
 - Assisted in Arsenic Health Assessment for individual who are affected by arsenic.
 - Prepared death certificate, covid certificate, burial and transfer permit.
 - Prepared ambulance trip ticket and gasoline.
 - Attended trainings and seminars
- Duration: February 2, 2018 – December 31, 2019
- Position: Rural Sanitary Inspector
- Name of Office/Unit: Human Resource for Health (DOH)
- Immediate Supervisor: Joanne Kristine P. Alvarez
- Name of Agency/Organization and Location: Department of Health, Region IV-A, QMMC compound, Quezon City
- List of Accomplishments and Contributions (if any)
 - Assisted Mataasnakahoy RHU in Water quality monitoring in every barangays
 - Assisted in food establishment inspection, advised every food handler to have proper hygiene, good grooming.
 - Assisted during misting operation and water sampling to different schools , barangays and water refilling stations.
 - Assisted in issuance of Sanitary permit and health card

REVELYN G. KATIGBAK

(Signature over Printed Name
of Employee/Applicant)

Date: September 7, 2022



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Ms. REVELYN G. KATIGBAK as Sanitation Inspector I in the Office of the Municipal Health of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL ACCOUNTANT

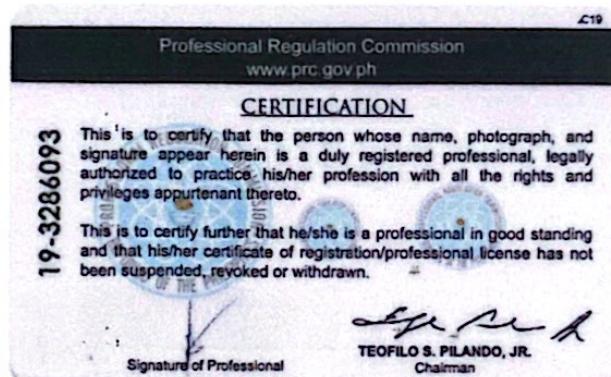
C E R T I F I C A T I O N

THIS IS TO CERTIFY that funds are available for the position of Sanitation Inspector I in the Office of the Municipal Health of this municipality, with Salary Grade 6 amounting to TWO HUNDRED TWO THOUSAND FIVE HUNDRED TWENTY FOUR PESOS (P 202,524.00) per annum as per Annual Budget CY-2022 of this municipality.

Issued this 16th day of September , 2022 at Mataasnakahoy, Batangas.



LENILYN C. CARAAN
Municipal Accountant



Republic of the Philippines
Professional Regulation Commission
PRC Regional Office IV-A

CERTIFIED TRUE COPY

[Signature]
RINA R. DADOR

Chief Administrative Officer

P75.00 O.R. No./Date: E2022-07-02183684 / 07/20/2022

Verified by: KIRBY CLIFFORD C GUEVARRA Date: 08/09/2022

Republic of the Philippines
POSITION DESCRIPTION FORM
DBM-CSC Form No. 1
(Revised Version No. 1, s. 2018)

1. POSITION TITLE (as approved by authorized agency) with parenthetical title

Sanitation Inspector I

2. ITEM NUMBER

3. SALARY GRADE

93

6

4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS

Province
 City
 Municipality

1st Class
 2nd Class
 3rd Class
 4th Class

5th Class
 6th Class
 Special

**5. DEPARTMENT, CORPORATION OR AGENCY/
LOCAL GOVERNMENT**

6. BUREAU OR OFFICE

Local Government Unit of Mataasnakahoy, Batangas

Office of the Municipal Health

7. DEPARTMENT / BRANCH / DIVISION

8. WORKSTATION / PLACE OF WORK

Office of the Municipal Health

Office of the Municipal Health

**9. PRESENT APPROP
ACT**

10. PREVIOUS APPROP ACT

11. SALARY AUTHORIZED

12. OTHER COMPENSATION

SB Resolution No.
084-S-2022/
Ordinance of Budget
No. 05-S-2022

N/A

P 16,877.00

PERA	P 2,000.00
Clothing Allow.	6,000.00
Subsistence/	
Laundry/Quarter	1,025.00
Allow.	
Hazard Pay	4,219.25
Cash Gift	5,000.00
Year End Bonus	16,877.00
Mid-year Bonus	16,877.00
PEI	5,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR

14. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Municipal Health Officer

N/A

15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED

(if more than seven (7) list only by their item numbers and titles)

POSITION TITLE

ITEM NUMBER

N/A

N/A

16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK

Misting Machine, Colileirt Machine, Computer, Printer, Calculator,, Logbook, Telephone, Ballpen

17. CONTACTS / CLIENTS / STAKEHOLDERS

17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive / Managerial	<input type="checkbox"/>	<input type="checkbox"/>	General Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input type="checkbox"/>			

18. WORKING CONDITION

Office Work Other/s (Please Specify)
Field Work

19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION

Develop plans and strategies with regards to health programs; execute and enforce laws, ordinances and regulations relating to public health; frontliner in the delivery of health services.

20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)

Responsible in the proper implementation of environmental sanitation to prevent and control the spread of diseases in the community.

21. QUALIFICATION STANDARDS

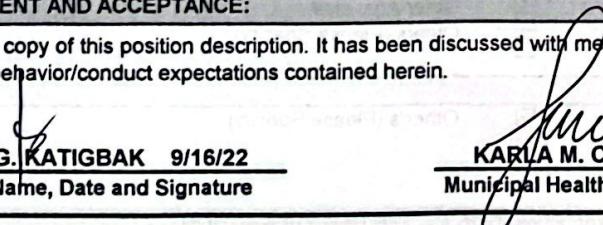
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Completion of two years studies in college	None Required	None Required	Career Service (Sub-Professional) First Level Eligibility
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet

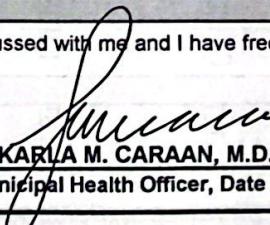
22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)

Percentage of Working Time	(State the duties and responsibilities here:)	Competency Level
20%	Plan program for environmental sanitation together with the Municipal Health Officer (MHO) and requests the necessary budget from the authorities concerned.	
15%	Participate in the total health program planning of the community, staff meetings, community meetings, conferences and training.	
5%	Assist in the provision and maintenance of safe and adequate water supply to the community.	
5%	Assist in the provision and maintenance of sanitary disposal facilities for human excrement and sewerage.	
5%	Assist in the provision of safe and wholesome food to consumers through proper enforcement of sanitary rules and regulations and training of food operators and food handlers.	
10%	Help and promote in the provision of sanitary storage facilities, and proper collection and disposal of solid waste either individual.	None Yet
10%	Inspect community land areas and investigates complaints concerning neglect of property and illegal dumping of refuse to ensure compliance with municipal code: Inspects designated areas periodically for evidence of neglect, excessive litter, and presence of unsightly or hazardous refuse.	
10%	Interview resident and inspect area to investigate reports of illegal dumping and neglected land.	
10%	Issue notice of abatement to known violators of dumping regulations and informs other municipal agencies of need to post signs forbidding illegal dumping at designated sites.	
10%	Perform other duties and responsibilities that may be assigned from time to time.	

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.


REVELYN G. KATIGBAK 9/16/22
Employee's Name, Date and Signature


KARLA M. CARAAN, M.D. 9/16/22
Municipal Health Officer, Date and Signature



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, REVELYN G. KATIGBAK of Brgy. III, Mataasnakahoy, Batangas having been appointed to the position of Sanitation Inspector I, 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.

REVELYN G. KATIGBAK

(Signature over Printed Name of the Appointee)

Government ID: PRC
ID Number : 0010100
Date Issued : 11/18/2021

Subscribed and sworn to before me this 16th day of September, 2022 in Mataasnakahoy Batangas, Philippines.

JANET MAGPANTAY ILAGAN
Municipal Mayor



CS Form No. 4
Revised 2018

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms. REVELYN G. KATIGBAK has assumed the duties and responsibilities as Sanitation Inspector I in the Office of the Municipal Health effective September 16, 2022.

This certification is issued in connection with the issuance of the appointment of Ms. Katigbak as Sanitation Inspector I.

Done this 16th day of September , 2022 in Mataasnakahoy, Batangas.


JANET MAGPANTAY ILAGAN
Municipal Mayor

Date: September 16, 2022

Attested by:


GALLY D. TIPAN
OIC- Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC



University of the Immaculate Conception

Davao City

OFFICIAL TRANSCRIPT OF COLLEGIATE RECORD

Date: July 4, 1997

Name : GA-AS, REVELYN V. Address : POBL TAGBINA, SURIGAO DEL SUR
 Primary Course Completed: TAGBINA CENTRAL ELEM SCHOOL 1984-1985
 Intermediate Course Completed: TAGBINA CENTRAL ELEM SCHOOL 1986-1987
 High School Course Completed: TAGBINA BAROBO NATL AGRARIAN H 1990-1991
 Birthdate : August 13, 1974 Birth Place : TAGBINA, SURIGAO DEL SUR Citizenship: FILIPINO ACR No : 0

Title	Descriptive Title	Final	Compl.	Uni
FIRST SEMESTER 1991-1992 IMMACULATE CONCEPTION COLLEGE, DAVAO CITY				
Theo 1A	Personal Commitment	84		3
Eng 1	Communication Arts 1	79		6
Chem 1A	General Inorganic Chemistry	80		5
Bot 1A	General Botany w/ Taxonomy	90		5
	Pharm Orientation	92		2
RC	Rizal Course	85		3
PE 1	Self Testing Activities	95		2
SECOND SEMESTER 1991-1992 ICC				
Theo 1B	Old Testament	79		3
Eng 2	Communication Arts 2	80		6
Zool 1	General Zoology	77		5
	Elem Technique	79		3
	Pharm Calculation	88		3
Type 1	Elem Typewriting	88		3
PE 2	Fundls of Rhythmic Activities	94		2
FIRST SEMESTER 1992-1993 UIC				
Theo 2A	Christology	84		3
	Organic\Biochemistry	88		5
	Physiology/Anatomy	79		4
	General Pharmacy	92		5
	Pharm Jurisprudence/Ethics	82		1
	Pharmacognosy	90		3
PE 3	Fundls in Games and Sports	93		2
SECOND SEMESTER 1992-1993 UIC				
Theo 2B	Gospels and the Church	82		3
	Elem Dispensing	82		3
	Microbiology	95		3
	Pharmacognosy 2	87		3
	Pharmacology/Toxicology	84		3
	Hygiene	83		3
	Pharm Jurisprudence	87		1
	Pharm Accounting	84		3
PE 4	Recreational Activities	91		2
FIRST SEMESTER 1993-1994 UIC				
Theo 3A	Christian Morality	83		3
Chem 1A	General Inorganic Chemistry	88		5
Nat Sc 1	Earth Science	85		3

GRADING SYSTEM

Effective S.Y. 1993-1994-Averaging:50%Lowest Grade;100%Highest Grade;75%Passing Grade; 'D'Dropped
 Old:75%Lowest Passing Grade;70%Below Failed; 'D'Dropped

REMARKS _____

MORE ON PAGE TWO

Certificate of the Registrar

I hereby certify that the foregoing record of GA-AS, REVELYN V.
 has been verified by me and true copies of the official records substantiating
 same are kept in the files of our school.

NOT VALID WITHOUT SEAL

July 4, 1997

CERTIFIED TRUE & CORRECT	
DATE	11/27/98
For: <u>S. MA. LUPECINA N. AMAMIO, RVM</u>	
UNIVERSITY REGISTRAR	
UNIVERSITY OF THE IMMACULATE CONCEPTION	

Mr. Rosalina S. de Guia, RVM
 S. MA. ROSALINA S. DE GUIA, RVM

Date

University Registrar



University of the Immaculate Conception
Davao City

OFFICIAL TRANSCRIPT OF COLLEGIATE RECORD

Date: July 4, 1997

Name : GA-AS. REVELYN V.

- page 2 -

Title	Descriptive Title	Final	Compl.	Unit
Math 1	Modern College Algebra	72	0	
Psych 1	General Psychology	88	3	
Foods 1	Food Selection and Preparation	85	3	
SECOND SEMESTER 1993-1994 UIC				
Theo 3B	Vocation and Fulfillment	86	3	
Phys 1A	General Physics	82	3	
Chem 3A	Organic Chemistry	82	5	
Math 3	Statistics	78	3	
PolSc 5	Phil Govt & New Constitution	85	3	
Hist 18	Taxation and Land Reforms	79	3	
ND 1	Basic Nutrition	82	3	
SUMMER 1994 UIC				
Fil 2	Panitikang Filipino	80	3	
Acctg	Basic Accounting	91	3	
EDP 1	Basic Computer System	77	3	
FIRST SEMESTER 1994-1995 UIC				
Eng 3	Effective Expository Writing	80	3	
Math 1	College Algebra	81	3	
.	Biochemistry	85	5	
.	Micro Parasitology	85	3	
Fil 1	Sining ng Pakikipagtalastasan	83	3	
Human 1	Music w/ Arts Appreciation	90	3	
Hist 1A	Phil History & Publ Service	83	3	
FIRST SEMESTER 1995-1996 UIC				
Eng 5A	Phil Litt in English	80	3	
Eng 4	Speech & Oral Communication	79	3	
Foods 2	Meal Management	88	3	
Foods 3	Fundls of Food Technology	83	3	
Educ 3	Principles of Teaching & Eductl Techn	83	3	
ND 2	Nutrition in Life Cycle	84	3	
Econ 1	Principles of Economics	90	3	
SECOND SEMESTER 1995-1996 UIC				
AWC	Asian/Western Civilization	88	3	
Math 2	Trigonometry	77	3	
Foods 4A	Food Service System 1	84	3	
ND 4A	Nutrition & Diseases 1	84	3	
ND 5	Program Planning and Management	88	3	
Eng 18	Thesis Writing	89	3	

xx..

GRADING SYSTEM

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REMARKS

MORE ON PAGE THREE

Certificate of the Registrar

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has been verified by me and true copies of the official records substantiating
same are kept in the files of our school.

NOT VALID WITHOUT SEAL

July 4, 1997

CERTIFIED TRUE & CORRECT	
DATE	<u>11/27/18</u>
By <u>Y.M.A. Dr. Rosalina S. De Guia</u>	
S. MA. LUPECINA N. AMAMIO, RVM	
UNIVERSITY REGISTRAR	
UNIVERSITY OF THE IMMACULATE CONCEPTION	

Date

Dr. Ma. Rosalina S. De Guia, RVM
S. MA. ROSALINA S. DE GUIA, RVM

University Registrar



University of the Immaculate Conception

Davao City

OFFICIAL TRANSCRIPT OF COLLEGIATE RECORD

Date: July 4, 1997

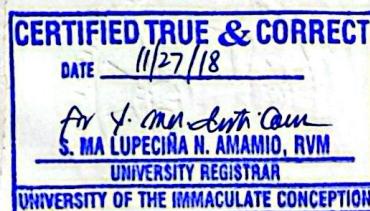
Name : GA-AS, REVELYN V.

- page 3 -

Title	Descriptive Title	Final	Compl.	Unit
EDP 2	Software Application	88		3
Elect 1	Small Entrepreneurship	91		3
SUMMER 1996 UIC				
Socio 1	Socio w/ emph on CL & FP	86		3
Philo 1	Intro to Philo&Logic	92		3
FIRST SEMESTER 1996-1997 UIC				
ND 4B	Nutrition & Diseases 2	81		4
ND 6	Nutrition Education	90		3
ND 7	Publ Hlth & Community Nutrition	87		3
FNR	Food and Nutrition Research	85		3
	Professional Ethics	89		3
Foods 4B	Food Service System 2	87		4
SECOND SEMESTER 1996-1997 UIC				
PRACTICUM:	Hotel	completed		2
	Hospital	completed		4
	Community	completed		5

GRADUATED from the four-year course in Nutrition & Dietetics leading to the degree of BACHELOR OF SCIENCE IN NUTRITION & DIETETICS (B.S.N.D.) as of March, 1997 as per Special Order (B) (R-XI) No. 411-0085, s. 1997 dated July 3, 1997.

uic uic uic uic uic uic /closed/ uic uic uic uic uic uic uic uic



GRADING SYSTEM

Effective S.Y. 1993-1994-Averaging: 50% Lowest Grade; 100% Highest Grade; 75% Passing Grade; 'D' Dropped
Old: 75% Lowest Passing Grade; 70% Below Failed; 'D' Dropped

REMARKS

ISSUED FOR BOARD EXAMS PURPOSE

Certificate of the Registrar

I hereby certify that the foregoing record of GA-AS, REVELYN V. has been verified by me and true copies of the official records substantiating same are kept in the files of our school.
NOT VALID WITHOUT SEAL

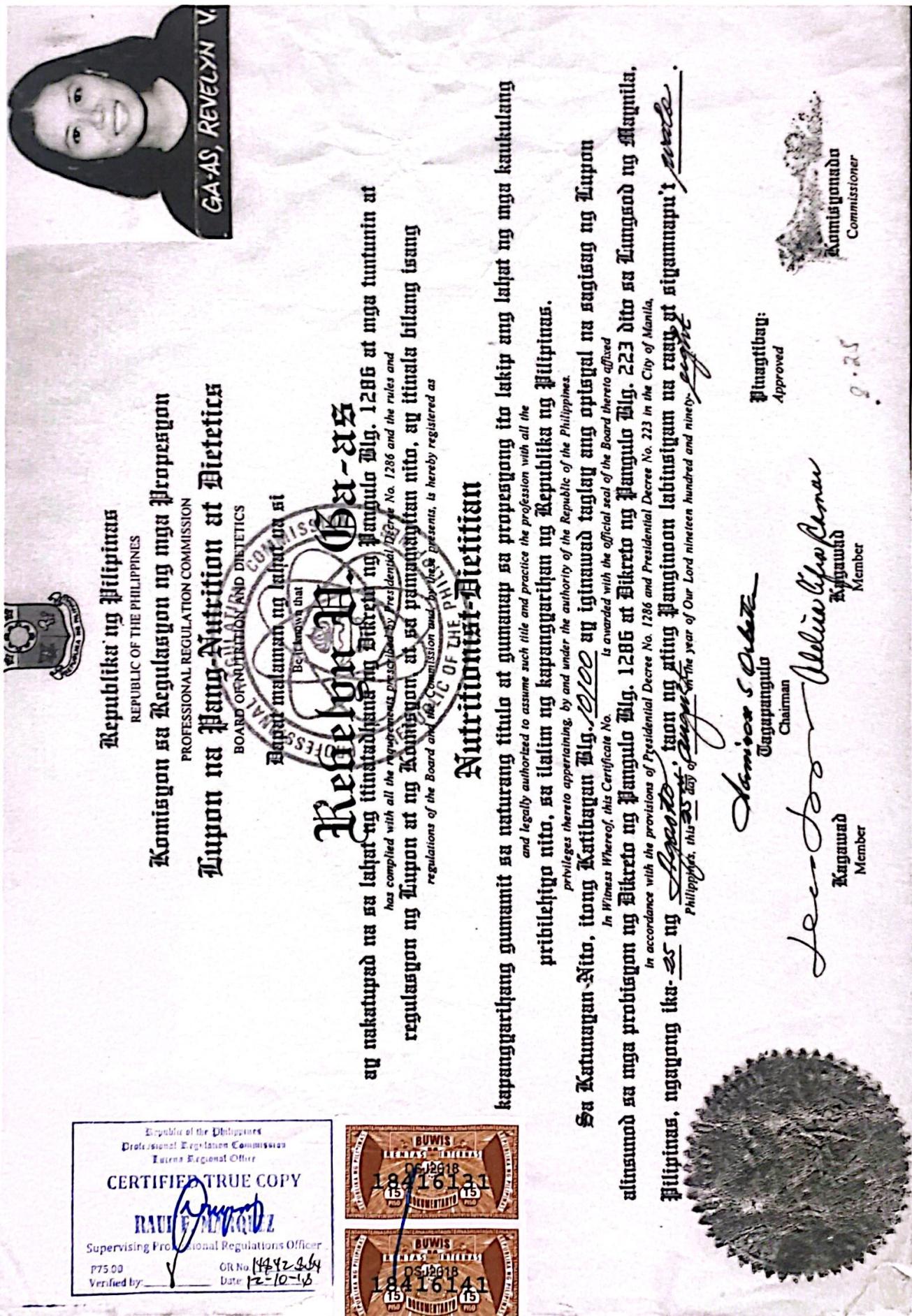
July 4, 1997

S. Ma. Rosalina S. de Guia, RVM
S. MA. ROSALINA S. DE GUIA, RVM

Date

Prepared by: M. M. G.
Verified by: S. Ma. Rosalina S. de Guia, RVM

University Registrar



Republic of the Philippines
Professional Regulation Commission
Lucena Regional Office

CERTIFIED TRUE COPY

RAUL E. ALQUIZ

Supervising Professional Regulations Officer

P75.00
OR No 14442-864
Verified by _____
Date 12-10-16





Universidad Ng Immaculate Conception

LUNGSOD NG DABAW
DAVAO CITY



Ang Universidad Ng Immaculate Conception ay pinanghalah ng titulong
The University of Immaculate Conception confers the Degree of

Bachelor of Science in Nutrition & Dietetics

To
Upon

Revelyn U. Gasas

na maluluhating nuklipyad sa mga Banutium sa Big-nural na titloho ng Universidat na pinangibay ng
who has duly completed the course of studies prescribed by this institution approved by
Pamahalaan ng Republika ng Pilipinas. Bilang kathungan ay taglay nito ang initing Lugar
the Government of the Republic of the Philippines. In testimony thereof our signatures
at ung haluk ng Universidad. Nilagdanan sa Lungsod ng Dabaw, Pilipinas, mayugang thur-
are hereunto affixed with the seal of the University. Given at Davao City, Philippines, this 20th
ng March 2017 sa pamamagitan ng Revelyn U. Gasas
day of March nineteen hundred and ninety Seventeen.

Special Order (B) (R-X)
No 44-00055 S. M. 1917
Dated May 03, 1917

Alodia C. Sanchez, R.D.
DEKANO
Dean

Ato. Rosalie B. Ombrite
PANGULO
President





Republic of the Philippines
Professional Regulation Commission
Manila



C E R T I F I C A T I O N
O F B O A R D R A T I N G

This is to certify that according to the records of this Commission, the following appear:

Name of Examinee : REVELYN GA-AS KATIGBAK
Examination Taken : NUTRITIONIST-DIETITIAN
Name of Board : Board of Nutrition and Dietetics
Date of Examination : August, 1998
Examination Number : 83007960

SUBJECTS	RATINGS
Nutritional Biochemistry	(70)
Foods and Foods Service Systems.....	(72)
Community and Public Health Nutrition.....	70
GENERAL AVERAGE RATING	70.70% <u>PASSED</u>

Manila, Philippines
November 23, 2018

For and in behalf of:

HENRIETTA P. NARVAEZ
Officer – In-Charge
Archives and Records Division

By: *Olivia T. Llanes*
OLIVIA T. LLANES
Unit Head - CMU

Archives and Records Division
E-13 11/23/18

SEAL

O.R. # : 15052999
DATE: 11/23/18

Verified and typed by: NONAFE CONSTANTINO

NOTE: The minimum passing general rating required for the above named examination is 70% with no rating below 50% in any subject. () – indicates subject passed in previous examination.

ARD/VCAU
OTL/nsc

ANY ERASURE OR ALTERATION HEREON NULLIFIES THIS CERTIFICATION.
NOT VALID WITHOUT DRY SEAL AND METERED DOCUMENTARY STAMP.

RMD - 02
Rev. 00

February 25, 2015
Page 1 of 1

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVEST



Republic of the Philippines
Department of Justice
National Bureau of Investigation



This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.

G200HRMN47-RA815823

FAMILY NAME

GA AS

MIDDLE NAME

VERAS

ADDRESS

PUROK 4 BRGY III MATAAS NA KAHAY BATANGAS

DATE OF BIRTH

August 13, 1974

CITIZENSHIP

FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS

NO RECORD ON FILE

VALID UNTIL
August 30, 2023

FIRST NAME
REVELYN

HUSBAND'S SURNAME
KATIGBAK

PLACE OF BIRTH
TAGBINA SURIGAO DEL SUR

CIVIL STATUS
MARRIED

GENDER
FEMALE

SIGNATURE



G200HRMN47-RA815823

ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Tuesday, August 30, 2022 03:47 PM

Agency RA

DATID dampilm

CASID dampilm

BIOID dampilm

O.R. No. 0DJO0BY7

RECID INTID

O.R. Date 08/30/2022 3:45:24 PM

PRTID dampilm

DST PAID

(COPY FOR OCGR)

Statistical Form No. 87 (Form No. 13)
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF MARRIAGEProvince Surigao del Sur
City/Municipality TagbinaRegistry No.
2007-78

REMARKS/ANNOTATION

Name of Contracting Parties	(first) (middle initial) (last)				
REY O. KATIGBAK	REVELYN V. GA-AS				
Date of Birth/Age	(day) 24th Feb.	(month) 1976	(year) 32	(day) 13th Aug.	(month) 1974
Place of Birth	Nataasnakahoy, Batangas	Pob., Tagbina,	Surigao del Sur		
Sex (Male or Female)	Male	Female			
Citizenship	Filipino	Filipino			
Residence	Nataasnakahoy, Batangas	Pob., Tagbina,	Surigao del Sur		
Religion	Roman Catholic	Roman Catholic			
Civil Status	Single	Single			
Name of Father	Felimon Katigbak	Ricardo Q. Ga-as			
Citizenship	Filipino	Filipino			
Name of Mother	Ester Oseña	Catalina V. Gatas			
Citizenship	Filipino	Filipino			
Persons who gave consent or advice					
Relationship					
Residence					

Place of Marriage

ROMAN CATHOLIC CHURCH
(Office of the House of Baranyay or Church or Mosque of
Tagbina, Surigao del Sur)

Date:

23rd June 2007

Address: Time: 2:00 P.M.

(day) (month) (year)

Rey O. Katigbak

THIS IS TO CERTIFY: That I, REVELYN V. GA-AS, both of legal age, of our own free will and accord, and in the presence of the persons solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we

have not entered into a marriage settlement.



have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/mark with our finger print, this certificate in quadruplicate this

23rd day of June, 2007Rey O. Katigbak

(Signature of Husband)

REVELYN V. GA-AS

(Signature of Wife)

THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.

I CERTIFY FURTHER THAT:

Marriage License No. 3419098 issued on June 22, 2007 at

Tagbina, Surigao del Sur of said parties, was exhibited to me.



no marriage license was necessary, the marriage being solemnized under

Art. _____ of Executive Order No. 209.



the marriage was solemnized in accordance with the provisions of Presidential

Decree No. 1083

REV. FR. THODOMERO R. ACERO, DCTerms

(Signature of Solemnizing Officer)

PATER

Reg. No. ORSONHDMT - 12/31/08

(Religious Affiliation, Registry No. and Expiration Date, if applicable)

WITNESSES

JEREMIAS MANAGBANAG (Print Name and Sign)

IRENE MANAGBANAG

RODIGO ALIPAO

JOCELYN ALIPAO

06911-23-105BLM-01111-MI001

BEST POSSIBLE IMAGE



T1050691105011112032018001

TM700451112

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority





REPUBLIC OF THE PHILIPPINES (TO BE ACCOMPLISHED BY DELEGATION)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: SURIGAO DEL SUR

City or Municipality: DAVITIA

Register Number:

(a) Civil Registrar-General No.

(b) Local Civil Registrar No. 357

LCR NO.

(Municipality or City)

(Province)

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. Province SURIGAO DEL SUR		b. CITY OR MUNICIPALITY DAVITIA	
b. CITY OR MUNICIPALITY DAVITIA		c. NUMBER AND STREET DAVITIA	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give name & address)		d. Is Residence Inside City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Residence outside a Town Limit?	
HOME		e. Is Residence Inside City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Residence outside a Town Limit?	
f. Is Place of Birth-JUDGE'S CITY Located		f. Is Residence Inside City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
TODAY No. 0		Last	
g. NAME (Type or Print) RENEVITH			
h. SEX MALE		i. DATE OF BIRTH 01/01/1974	
j. SET 34. THIS BIRTH		k. IS THIS A TWIN OR TRIPLET, WAS CROWN 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
k. SINGLES		l. DATE OF BIRTH	
l. NAME FERDINAND MIGUEL		m. RELIGION ROMAN CATHOLIC	
m. AGE (At time of birth) 24		n. NATIONALITY FILIPINO	
n. PARENTS RICARDO MIGUEL		o. RACE BROWN	
o. MOTHER CATHERINE VERA		p. FATHER RENEVITH	
p. MOTHER'S Maiden Name CATHERINE		q. FATHER'S Maiden Name RENEVITH	
q. MOTHER'S Age (At time of birth) 23		r. FATHER'S Age (At time of birth) 23	
r. MOTHER'S BIRTHPLACE DAVITIA		s. FATHER'S BIRTHPLACE DAVITIA	
s. MOTHER'S ADDRESS KAPITULAN		t. FATHER'S ADDRESS KAPITULAN	
12. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province) KAPITULAN SAGBITKA SURIGAO DEL SUR			
13. ATTENDANT AT BIRTH			
I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT 9:00 O'CLOCK P.M. ON THE DATE ABOVE INDICATED.			
4. DATE SIGNED BY ATTENDANT AT BIRTH			
5. SIGNATURE			
6. NAME IN PRINT RENEVITH			
7. ADDRESS KAPITULAN			
8. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY			
9. SIGNATURE			
10. NAME IN PRINT SOLOMON O. LORENZANA			
11. TITLE OR POSITION DOCTOR RENEVITH LORENZANA			
12. DATE 01/01/1974			
13. LENGTH OF PREGNANCY 40 COMPLETED WEEKS.		14. WEIGHT AT BIRTH 7 LBS. 4 OZ.	
15. DATE AND PLACE OF MARRIAGE (IN PARENTS) (FOR MARRIAGE BUREAU)		16. LEGITIMATE CHILD <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
JUNE 15 1973 DAVITIA SURIGAO DEL SUR		17. THIS CERTIFICATE IS PREPARED BY DR. CHAR	
CITY OR MUNICIPALITY		SIGNATURE	
		NAME IN PRINT JESUITA M. BERSALES	
		TITLE OR POSITION DEPARTMENT OF STATISTICS AND MEDIUMS	
		DATE 01/01/1974	
18. SPACE FOR MEDICAL AND HEALTH FORMS FOR SPECIAL PURPOSES			

IMPORTANT: DO NOT DETACH. LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1. (a) _____
1. (b) FF
1. (c) 28
2. _____
2. (a) 28
4. _____
5. (a) _____
5. (b) K
6. _____
8. _____
9. _____
11. (a) _____
11. (b) /
13. _____
14. _____
16. (a) 578
16. (b) _____
16. (c) 13
19. (a) 13
22. (a) /
22. (b) 4
23. _____

06911-1C-105BLM-01111-BI003

BEST POSSIBLE IMAGE



T105069111050111112032018003

TM600/51116

BReN
[06817-A74RD02-4]Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



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)			AGENCY / ADDRESS
KATIE BAK REVELYN GA - AS			
ADDRESS			
Purok 4, Brgy. III, Mataasnakahoy, Bak.			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
48	FEMALE	MARRIED	SANITATION INSPECTOR I

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			
KARLA M. TALO CARAAN MD			
AGENCY/Affiliation of Licensed Government Physician:			
MUNICIPAL HEALTH OFFICE			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
113447	5'3"	58 kgs.	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
MUNICIPAL HEALTH OFFICER	SEPTEMBER 15, 2022		

(Accreditation No. 130)



MATAAS NA KAHOY HEALTH CENTER



Patient Name: KATIGBAK, REVELYN GA-AS

Case Date: September 13, 2022

URINALYSIS

PYSICAL:

COLOR STRAW (YELLOW)
TRANSPARENCY CLEAR (CLEAR)
SPECIFIC GRAVITY 1.010 (1.015 – 1.025)

PH 6.0 (4.8 – 7.8)
ALBUMIN Negative (NEGATIVE)
SUGAR Negative (NEGATIVE)

MICROSCOPIC

WBC 0-2 /hpfc (0-2/hpf)
RBC 0-1 /hpfc (0-1/hpf)
BACTERIA _____ (FEW PRESENT)
EPITHELIAL CELL FEW (FEW PRESENT)
MUCUS THREAD _____ (NONE)

TRICHOMONAS _____ (NEGATIVE)
CRYSTAL _____ (NONE)
AMORPHOUSE URATES FEW (MODERATE)
AMORPHOUS PHOSPHATE _____ (MODERATE)

CAST _____ (NONE)
OTHERS _____

DM Lescano
DEBBIE M. LESCANO, R.M.T.
MEDICAL TECHNOLOGIST

DM Guong
LEAH M. GUONG, R.M.T.
MEDICAL TECHNOLOGIST

R.S. De Torres
RINA S. DE TORRES, RXT
Lic. No. 5285
Radiologic Technologist

J. Medina
JERIC P. MEDINA, MD, FPCR
Lic. No. 91903
Radiologist

Ma. Corazon Pamintuan
MA. CORAZON PAMINTUAN
Psychologist
(Accreditation No. 130)



Department of Radiology

Medical Imaging Report

PIN: **SJHI-22-3476**

Date: **9/12/2022**

Patient: **KATIGBAK, REVELYN G.**

Age: **48** Sex: **FEMALE**

Referring Physician:

Company: **WALK-IN**

Clinical HX/DX:

Examination: **CHEST PA**

Procedure: **RADIOGRAPHY**

The lungs are clear

Heart is not enlarged

Intact bony thorax

IMPRESSION: NORMAL CHEST X-RAY


RINA S. DE TORRES, RXT

Lic. No. 5285
Radiologic Technologist


JERIC P. MEDINA, MD, FPCR

Lic. No. 91903
Radiologist


MA. CORAZON P. PAMINTUAN
Psychologist
(Accreditation No. 130)



MLT Psychological Evaluation Center

PNP Accreditation No. – 2000 – 0014
Main Office: 316 Quezon Avenue, Quezon City
Telephone No. 929-7261 / 410-6639

TO:

SUBJECT: PSYCHOLOGICAL EXAMINATION

NAME: REVELYN G. KATIGBAK

DATE OF EXAM: 12 Sept. 2022

AGE: 48

CIVIL STATUS: Married

HOME ADDRESS: Brgy. iii, Mataasnakahoy, Batangas

EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	NUTRITION & DIETETICS
Experience (relevance to position)	6 Yrs. NUTRITIONIST (JO)
Motivation: Financial Security	AVERAGE
Change in Assignment	3 Mons. HEATH AIDE (JO)
Honesty/Integrity	AVERAGE
Social Adjustment	AVERAGE
Loyalty (Identifying with superiors)	AVERAGE
Hostility & Violent Tendencies	No trace of violence
Acceptance of Responsibility	AVERAGE
Energy and Initiative	AVERAGE
Independence (self-reliance)	AVERAGE
Self-Discipline	AVERAGE
Steadiness and Endurance Under Pressure	AVERAGE

SUMMARY

Intelligence Quotient: 99

Classification: AVERAGE

Percentage Score: 36TH PERCENTILE

Personality Evaluation: Attaining a stable job and financial assurance is her primary goal as of the moment. Thinking of her family's well being. Subject exemplifies a responsive employee as she performs more than what is expected of her.

REMARKS: Recommended

MA. CORAZON PAMINTUAN
Psychologist
(Accreditation No. 130)

Report ID: DTO-R03

TL



DEPARTMENT OF HEALTH
SHALOM MEDICAL DIAGNOSTIC LABORATORY, INC.
ZENAIDA ARCADE M. H. DEL PILAR ST., BRGY. 2, BATANGAS CITY, BATANGAS

Phone Number 0437861798

DRUG TEST REPORT

CCF No: R202208120123
Name: KATIGBAK, REVELYN GA-AS
Birthdate: 08/13/1974 Age: 48

Gender: F

Transaction Date Time: 8/12/2022 12:00:00AM
Report Date Time: 8/13/2022 4:38:53PM

Test Method TEST KIT

Purpose
Random - Government Employee

Requesting Parties
LGU MATAASNAKAHOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

58 KATE JOANNE BULACLAC CABUNGCAL
Analyst

Approved By

DR. ALPHA GRACE B CABIC

75

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

DOH-DDB IDTOMIS
MEDICAL TECHNOLOGY LICENSE



2ND Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas
Tel No. : (043) 757-4675

Name:	KATIGBAK, REVELYN	Patient Pin:	SJHI87261
Age :	48	Sex :	FEMALE
		Company:	WALK IN

Sample Date: September 12, 2022

LABORATORY REPORT

HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RBC	4.92	FEMALE : 4.0-5.4 x 10 ¹² /L MALE : 4.6-6.0 x 10 ¹² /L
Hemoglobin	136	FEMALE : 120-160g/L MALE : 140-180g/L
Hematocrit	0.41	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	83.3	76-100 fL
MCH	27.6	27-32 pg
MCHC	33.2	32-36%
White blood cells	7.8	5.0-10.0 x 10 ⁹ /L
Segmenters	0.52	0.55-0.68
Lymphocytes	0.39	0.25-0.39
Monocytes	0.08	0.02-0.08
Eosinophils	0.01	0 -0.05
Platelet count	250	150-450 x10 ⁹ /L

REMARKS:


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