

**SOUTHEAST ASIAN REGIONAL CENTER FOR GRADUATE STUDY AND
RESEARCH IN AGRICULTURE (SEARCA)**
College 4031, Laguna, Philippines

MEDICAL EXAMINATION CERTIFICATE

This is to certify that I have examined the SEARCA Scholarship Applicant and determined that he/she:

is in a good mental and physical health condition, free from any illness which may hinder his/her studies including outdoor activities and fieldwork which may be required by his/her degree program.

may still pursue his or her graduate studies though awardee exhibits health concerns that may require medical and/or psychological monitoring and intervention. (Please provide detail on the medical treatment/monitoring required.)

is NOT FIT to pursue graduate studies and requires immediate medical and/or psychological treatment.

Name (Applicant): _____ **Age:** _____ **Sex:** _____

Address:

(Street) (City) (Country)

Date of Examination: _____

NOTE TO MEDICAL EXAMINER

1. This blank form, when completed, should be handed to the applicant **for uploading to the ISCHO Scholarship Application Portal of SEARCA.**

2. It would be appreciated if the examiner would write his/her name and email address clearly so that it will be possible to communicate with him/her directly in the event that there are any questions about the examination.

Signature _____

Print or type name _____

Email Address _____

Stamp and Registration No.