

**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.)

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**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.