

MEDICAL CERTIFICATE

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____ and found him/her to be physically and mentally fit to undergo graduate studies.

This certification is issued in connection with his/her application for scholarship under master's/doctoral program of the **DOST-SEI Accelerated Science and Technology Human Resource Development Program-National Science Consortium (ASTHRDP-NSC)**.

Name (Print) and Signature of Licensed Physician
PRC License No:

Health Agency and Address